Vulval Papillary Hidradenoma Clinically Mimicking a Sebaceous Cyst - A Case Report

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Abstract: Hidradenoma papilliferum is a rare benign adnexal tumor with apocrine differentiation seen in anogenital area of women. We present a 25 year old female presenting with an asymptomatic mass in the vulva. On examination, a single round nodule was seen in the vulva, firm and non-tender. A clinical diagnosis of Bartholin’s cyst was made. On gross examination, a brownish mass measuring 1.5 X 1.5 X 1.5cms was seen which was greyish white on cut section. H &E stained sections showed papillary and complex glandular structures lined by columnar cells with eosinophilic cytoplasm. A diagnosis of papillary hidradenoma was made. This case is presented due to its rarity and to emphasise that while evaluating vulval nodules, hidradenoma needs to be considered, as these lesions lack distinctive clinical characteristics.

Keywords: hidradenoma, papilliferum, vulva, sebaceous cyst.

INTRODUCTION

Hidradenoma papilliferum is a rare benign adnexal tumor having apocrine differentiation, which usually presents as an asymptomatic flesh-colored nodule in the anogenital area of women [1]. It is considered by some to be an analog of intraductal papilloma of the breast [2]. It probably derives from anogenital mammary-like glands, which often are found in or around the hidradenoma [2, 3]. Uncommonly, it can be seen over the head and neck, over modified apocrine gland areas such as breast, external ear canal, and eyelid, where it is referred to as ectopic hidradenoma papilliferum [4]. This tumor can be mistaken for a number of benign and malignant lesions. We present a case of hidradenoma papilliferum of vulva which was clinically mistaken for a Bartholin’s cyst.

CASE HISTORY

A 25 year old female presented with an asymptomatic mass in the vulval region which was noticed 2 months back. On examination, a single round nodule was seen in the vulva which was firm and non-tender. A clinical diagnosis of Bartholin’s cyst was made. The mass was excised and sent for histopathological examination.

On gross examination, a brownish mass measuring 1.5 X 1.5 X 1.5cms was seen which was greyish white on cut section. H &E stained sections from the mass showed papillary and complex glandular structures. Papillary structures had fibrovascular core and were lined by columnar cells with eosinophilic cytoplasm. A diagnosis of papillary hidradenoma was made based on these histopathologic findings.
CONCLUSION

This case was presented due to its rarity and also to emphasise the point that while evaluating vulval nodules, hidradenoma needs to be kept in mind, as the lesion lacks distinctive clinical characteristics. Surgical excision is therefore important for definitive histopathological diagnosis and cure.

REFERENCES