Bilateral multiple apocrine hidrocystoma of the eyelids

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Dear sir,

Apocrine hidrocystomas are benign adenomatous cystic proliferations derived from apocrine sweat glands. The lesions are asymptomatic and solitary or occasionally multiple dome-shaped, cystic translucent nodules (1). The surfaces of the lesions are smooth and color varies from skin color to grayish or blue-black. The commonest site is around the eye, particularly lateral to the outer canthus (2). They may occur on the ears, scalp, chest, shoulders, or feet (3). They have also been reported on the penis (2). The lesions increase slowly in size and may become 10 mm or more in diameter (4).

Bilateral multiple apocrine hidrocystomas are uncommon (5). Here we describe a case of bilateral multiple apocrine hidrocystomas of the eyelids.

A 26-year-old man was referred to our hospital in December 2008 because of multiple translucent papules and one nodule bilaterally located on his eyelids (Fig. 1 and 2.). The lesions were initially small papules that progressively enlarged over 3 years up to 10 mm maximum diameter. They were asymptomatic and tended to localize in the lateral canthus. No familial history or seasonal changes were found. No other cutaneous or systemic sign and symptom of any inherited disorders were present. A skin biopsy specimen was obtained from one of the lesions. Light microscopy revealed two irregular cystic spaces in the dermis with some papillary projections into the lumen.

The cystic space was lined by a double layer of ductal epithelium and partly by a single row of epithelial cells. The inner layer was mostly columnar and showed decapitation secretion (Fig. 2). The patient was referred to an ophthalmologist for appropriate treatment.

In 1964, Mehregan was the first to report 17 cases of a benign neoplasm located on the face. He named these tumors "apocrine cystadenoma" and noted that the tumor had to be considered an adenomatous cystic proliferation of the apocrine gland (3).

In 1968, Grinspan et al. were the first authors to study a patient with multiple apocrine hidrocystomas located on the face (3).

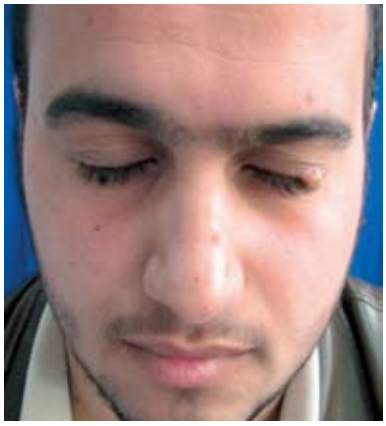
Histologically, multiple apocrine hidrocystomas can be easily differentiated from multiple eccrine hidrocystomas because of the lack of decapitation secretion in the latter (3). When the lesions are located on the margins of the eyelids, the only site where the glands of Moll are found, they must be differentiated from the retention cysts of these apocrine glands. The distinction is not difficult due to the presence of flattened epithelium and absence of columnar cells and papillary projections in retention cysts (6).

Multiple apocrine hidrocystoma may be an important marker for two rare inherited syndromes: Schopf-Schulz-Passarge syndrome and Goltz-Gorlin syndrome (7). The first syndrome includes multiple apocrine hidradenomas associated with palmoplantar hyperkeratosis, hypotrichosis, onychodystrophia, and hypodontia. This syndrome has been regarded as an autosomal recessive trait of congenital hidrotic ectodermal dysplasia (3). The second syndrome is an association of multiple apocrine hidrocystomas

K E Y W O R D S

bilateral, apocrine, hidrocystoma

with bilateral keratoconus, esophageal papillomatosis, and hiatus hernia. We could not find any other abnormalities in the patient's nails, palmoplantar areas, hair, and other associated abnormalities with this syndrome.



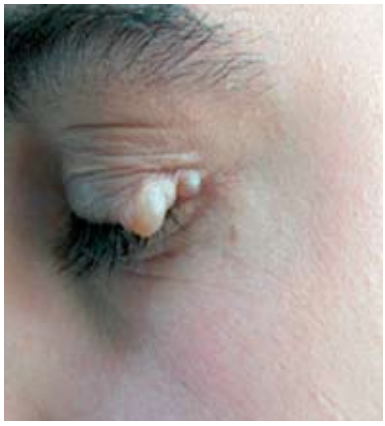


Fig. 1 and 2. The lesions appear as multiple translucent papules and nodules.

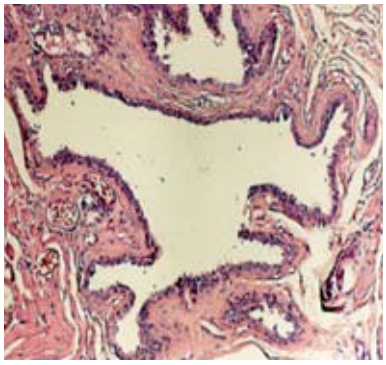


Fig. 3. At medium magnification an irregular space with papillary projection into the lumen is present between the upper and mid dermis (hematoxylin and eosin.).

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A U T H O R S' A D D R E S S E S

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