A Rare Pathology of Postauricular Region: Apocrine Hidrocystoma

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**Abstract**

Apocrine histocyctoma in the postauricular region is a very rare anity. Apocrine hidrocystomas which arise from the proliferation of apocrine glands are commonly a solitary mass diameter of 3-15 mm and located in periorbital region and axilla. It is very rare for apocrine hidrocystoma to locate in postauricular region. The management of these lesions are extensive surgical excision. A 47 years old woman attended to our outpatient clinic with a painless mass in retroauricular region whose physical examination revealed a mass consisting of conglomerating, flesh colored, multiple vesicules approximately 10x15 mm in diameter. In this paper, we present a case whose histopathological examination diagnosed apocrine hidrocyctoma after extensive surgical examination.

**Key words:** Apocrine glands, postauricular region, benign head and neck mass

**Case report**

A 47 years old woman attended to our outpatient clinic with a painless mass in retroauricular region. The mass was consisting of conglomerating, flesh colored, multiple vesicules and 10X15 mm in diameter (figure 1). The patient went excisional biopsy of the mass with 3 mm surgical margins. The histopathological examination revealed apocrine hidrocystoma, a rare pathologic diagnose for this region (figure 2-3). After six months follow up, the patient was without complication or recurrence.

**Discussion**

Apocrine hidrocystomas are rare, slow growing benign cystic proliferations of the apocrine secretory glands. Although their pathophysiology remains unclear, it is thought to be due to congestion of a sweat duct resulting in a dilated cystic structure. Apocrine hidrocystomas occur most often in adults with no age or sex predilection [3]. Our patient was a 47 year old woman. They are typically found in the head and neck, especially in the periorbital region, but other locations including the chest, axilla, palms, and penis have been described. The postauricular region is an extremely rare location for this lesion [4]. Ioannidis et all in 2008 reported the first case of external auditory canal hidrocystoma. Hidrocystomas rarely exceed 20 mm. Tumors greater than 20 mm in diameter may be called “giant” apocrine hidrocystoma. The lesion of our patient was 10X15 mm in diameter so can be defined as large sized. Apocrine hidrocystomas tend to occur as single lesions so multiple apocrine hidrocystomas seem to be uncommon [5]. Recently in 2013, Vani et all reported a multiple apocrine hidrocystoma case and represented that the presence of multiple hidrocystomas may be a marker of two rare inherited disorders – the Schopf-Schulz-Passarge syndrome and the Goltz-Gorlin syndrome. The color of the lesion varied from skin-colored to light red, brown, blue, or purple. The lesion of our patient was single and flesh coloured. As we mentioned earlier because these apocrine glands lie in the dermis it is extremely rare for this tumor to develop in the deep tissue [6]. Our lesion was nearly 6 mm raising from the surface.
The clinical differential diagnosis includes eccrine hidrocystoma, cystic basal cell epithelioma, milium, and epidermoid or pilar cysts. In our patient, lesion was consisting of conglomerating, multiple vesicles so we thought it to be a lymphoproliferative degeneration. The treatment of apocrine hidrocystoma is described in several case reports. The authors stated that successful management requires excision with removal of the cyst wall to prevent recurrence[7]. Ssi-Yan-Kai et al reported a recurrent giant orbital apocrine hidrocystoma of the eye and emphasised the importance of intact excision of these lesions. They indicated that, because of very thin cyst walls intact excision may be challenging but is necessary to avoid recurrence [8]. Recent reports have included case studies in which trichloracetic acid [9], carbon-dioxide lasers [10], and 1450-nm diode lasers [11] have been used for management.

**Conclusion**

Although it is extremely rare, apocrine hidrocystoma must be kept in mind in differential diagnose, especially in vesicular lesions.

**References**

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