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### Hydrocystoma of eyelid: a case report

Choudhary Shaista<sup>1\*</sup>, G Suba<sup>1</sup>, BS Ramesh<sup>2</sup> and MB Shanmukan<sup>3</sup>

<sup>1</sup>MD Pathology, Dr BR Ambedkar Medical College and Hospital, Bangalore, India

<sup>2</sup>MS Surgery, Dr BR Ambedkar Medical College and Hospital, Bangalore, India

<sup>3</sup>DOMS Ophthalmology, Dr BR Ambedkar Medical College and Hospital, Bangalore, India

\*Corresponding author

#### KEYWORDS

Benign tumour,  
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Surgical excision

#### A B S T R A C T

Hydrocystomas are small, benign cysts which are asymptomatic and are seen on face. Eyelids are rare site for the occurrence of such tumours. The present report describes the clinical and histopathological features of a hydrocystoma of eyelid.

### Introduction

Hydrocystomas are benign tumours of sweat gland which occurs as a solitary cystic or solid lesion. These are often found on head, neck and trunk region more commonly. Other rare sites are axilla, penis and anal region.<sup>[1]</sup> It frequently affects older age individuals. Colour of hydrocystomas varies between pink, purple or the normal skin colour. Apocrine hydrocystomas are benign cysts that originate from the apocrine or eccrine secretory glands of Moll. Their size can vary from 0.2 to 2 cms. Large hydrocystomas have also been reported. These lesions can be asymptomatic or may cause cosmetic disfigurement.

### Case report

A 30 Years old male patient presented to surgery out patient with history of swelling on right lower eyelid of eight months

duration. There were no other complaints except cosmetic disfigurement. Clinical diagnosis of sebaceous cyst was made. Patient was advised surgery and was admitted the same day. Routine laboratory investigations were normal. Biopsy was performed under local anaesthesia. We received a grey brown cyst measuring 1.5x0.5 cms, covered with skin on one aspect. Cut surface exuded around one ml of colourless fluid. Entire tissue was processed.

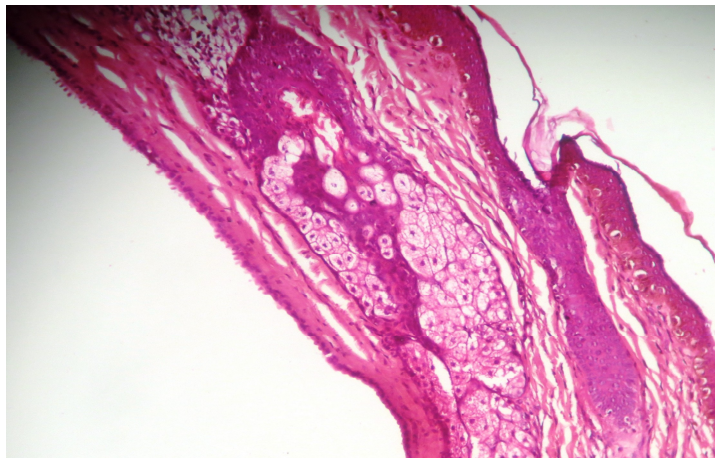
Microscopy revealed keratinizing stratified squamous epithelium with sub epithelial tissue showing a cyst wall lined by two layers of cells with prominent apical snouting. Sparse inflammatory infiltrate consisting of mixed inflammatory cells and few capillaries were seen in background (figures 1,2&3). Impression was given as Apocrine Hydrocystoma of eyelid.

## Discussion

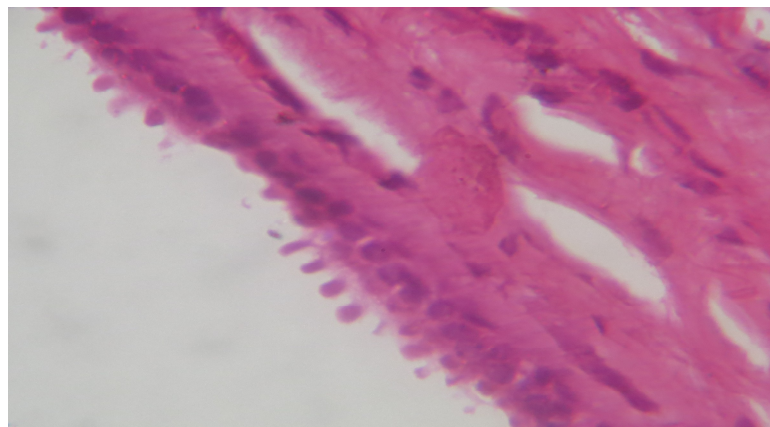
Apocrine hydrocystomas usually occur in adults between 30 to 70 years. Rare occurrence during childhood is also noted. They can appear as single and multiple. Clinical presentation is dome shaped, solid or cystic lesions either skin colour or dark purple. Cysts tend to be asymptomatic. Patient approaches the clinician mainly due to cosmetic reasons. The differential diagnosis of hydrocystomas is epidermal inclusion cyst, hemangioma, mucoid cysts, sebaceous cyst and lymphangioma.<sup>[2]</sup>

The skin adnexal neoplasms exhibit a morphological differentiation towards one or more types of adnexal structures found in normal skin. These includes apocrine glands present in axilla, groin, eyelids and external auditory canal. The exact etiology of these lesions is not known. Literature suggests that apocrine hydrocystomas are common in United States but there is no such predilection as age, sex, race or geographic region. These lesions are totally benign and seldom show recurrence.<sup>[3]</sup>

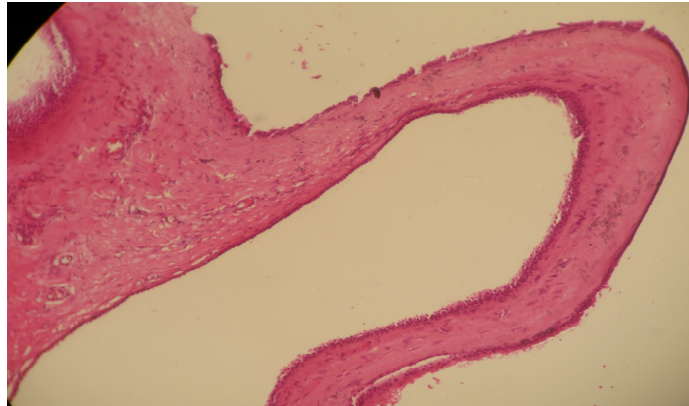
**Figure.1** Photomicrograph showing squamous epithelium and a cyst wall lined by two layers of cuboidal epithelium. (10X low power) H&E stain



**Figure.2** Photomicrograph shows prominent snouting of epithelial cells along with secretions. (40X High power) H&E stain



**Figure.3** Image shows prominent cyst wall with mild mononuclear cell infiltrates.  
(10X Low power) H&E stain



The presence of multiple hydrocystomas may be a marker of two rare inherited conditions-Goltz-Gorlin syndrome and Schopf-Schulz-Passarge syndrome which are autosomal recessive and X-linked inheritance respectively.<sup>[3]</sup>At times hydrocystomas appear as dark blue-black nodules and needs to be differentiated from melanoma and basal cell carcinoma. The common site of occurrence is head and neck region, external auditory canal and eyelid being rare in this area.<sup>[4]</sup> The treatment of choice is surgical excision taking care not to damage the cyst and preferably removing it intact.<sup>[5]</sup>If it ruptures, it is important to remove the entire capsule. Recurrence can be avoided by taking this precaution.

In conclusion hydrocystomas are benign lesions which can be easily treatable. Clinically it mimics malignant melanoma or basal cell carcinoma. Histopathology remains the mainstay in diagnosis of these lesions. Awareness of this entity does help the surgeon in decision making regarding surgery.

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