Case Report

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Multiple Hidrocystomas

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Key Words

Adnexal cysts
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Apocrine cystadenoma

Abstract

Apocrine hidrocystoma is a cyst from the secretory portion of the apocrine sweat gland and tends to occur as a solitary facial lesion. We report a 66-year-old woman with multiple, cystic lesions on her face. Histopathology revealed cystic spaces lined by a row of secretory cells showing decapitation secretion. We emphasize the multiple character of the case and discuss its distinction from so-called eccrine hidrocystomas.

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Multiple Hidrocystomas

Hidrocystomas are cysts of the sweat glands and have been classified into eccrine and apocrine types [1].

About 100 cases of apocrine hidrocystoma have been described in the literature, but they are almost always solitary. A few cases had 2-13 lesions [2-7] and only one case had 40 [8]. We present a patient with more than 100 cysts.

Case Report

A previously healthy 66-year-old white woman presented multiple soft cystic structures on her face. The lesions had begun 6 years before and enlarged with increased ambient temperature. The patient was unaware of any family member with similar lesions. On physical examination, there were at least 100 flesh-colored, shiny, dome-shaped papules (fig. 1), which felt cystic and could be transilluminated. The papules were at the nose, forehead, eyelids and cheeks. Their size ranged from 2 to 8 mm in diameter. There were no abnormalities of the teeth, palms or nails. Histopathological examination of hema-toxylin-eosin-stained tissue sections showed in the middermis several large cystic spaces with no identifiable content (fig. 2a). The cystic wall was lined with a single inner layer of epithelial cells and often an outer layer of myoepithelial cells. In many areas, the epithelial cells showed eosinophilic protruding blebs from the cells (fig. 2b), interpreted as decapitation secretion. All of these findings are diagnostic for apocrine hidrocystoma.

Discussion

A classic paper by Robinson [9] describes 'thirty or forty' cases between 1884 and 1893 as multiple cystic lesions that are found on the face of middle-aged women who work in hot environments. Initially, distinction was not made between apocrine and eccrine cysts. Later, some authors separated eccrine and apocrine hidrocystomas [2, 10].

Clinically the two types occur as small, translucent, cystic nodules located frequently on the face but occasionally on the ears, scalp, chest or shoulders. Hidrocystomas are almost always solitary, but occasionally several lesions are present. The multiple variety of apocrine hidrocystoma is exceptional and may be a marker for ectodermal dysplasia [3, 11, 12]. Some cases of multiple eccrine hidrocystomas have also been reported [13-15]. Multiple domed papules located in the face have to be separated from syringomas, multiple trichoepithelioma or milia cysts, but histopathology is diagnostic. It is not possible

Fig. 1. Hundreds of tiny papules on the face.

by clinical examination to differentiate between eccrine and apocrine hidrocystomas, thus, the only difference between two types of hidrocystoma is histopathologic.

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In apocrine hidrocystoma, cystic spaces are lined by a row of columnar, secretory cells showing decapitation secretion, but in some areas, when the wall is pressed by the contents of the cyst, there is a flattened layer of epithelium [16, 17]. Some authors use the term 'apocrine cystadenoma' pointing out that this group of tumors represents an adeno-matous cystic proliferation and not a simple retention cyst [18].

The second type is the so-called eccrine hidrocystoma that is classically described as a single cystic cavity limited by two layers of small, cuboidal, epithelial cells [19]. We believe that this is the appearance of a duct (either eccrine or apocrine) and not of the secretory portion of the eccrine sweat gland, which is composed of two types of secretory cells (clear and dark) disposed in a pseudo-stratified fashion. Therefore we think that, at present, the name for this kind of hidrocystoma should be ductal hidrocystoma. To date, it is proved that a differentiation between eccrine and apocrine ducts, is not possible other than by their continuity with the corresponding secretory portion or with the infundibulum in the case of the apocrine duct [20].

Fig. 2. a Several dermal cystic spaces lined by a single or double layer of epithelial cells. b In some of the cysts, the apocrine type of the lining is evident.

References

Hashimoto K, Lever WF: Tumors of skin appendages; in Fitzpatrick TB, Eisen AZ, et al (eds): *Dermatology in General Medicine*. New York, McGraw-Hill, 1993, pp 873-896. Smith JD, Chernovsky ME: Apocrine hidrocystoma. *Arch Dermatol* 1974;109:700-702. Sacks E, Jakobiec FA, McMillan R, et al: Multiple bilateral apocrine cystadenoma of the lower eyelids. *Ophthalmology* 1987;94:65-71. Bickley LK, Goldberg DJ, Imaeda S: Treatment of multiple apocrine hidrocystomas with the carbon dioxide laser. *J Dermatol Surg Oncol* 1989;15:599-602. Ortuño-Gil C, Rodríguez-Pichardo A, Cama-cho F: Hidrocistoma apocrino múltiple, extracéfálico y juvenil. Descripción de un caso. *Actas Dermosifiliogr* 1995;86:237-239. Betti R,

Inselvini E, Palvarini M, Crosti C: Beidseitig symmetrisch auftretende apokrine Hidrozystome der Augenlider. *Hautarzt* 1994; 45:566-568.

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Langer K, Konrad K, Smolle J: Multiple apocrine hidrocystomas on the eyelids. *Am J Dermatopathol* 1989;11:570-573. Kruse TV, Khan MA, Hassan MO: Multiple apocrine cystadenomas. *Br J Dermatol* 1979; 100:675-681.

Robinson AR: Hidrocystoma. *J Cutan Geni-tourinDis* 1883;11:293-303. Smith JD, Chernovsky ME: Hidrocystomas. *Arch Dermatol* 1973;108:676-679. Schopf E, Schulz HJ, Passarge E: Syndrome of cystic eyelids, palmoplantar keratosis, hypodontia and hypotrichosis as a possible auto-somal recessive trait. *Birth Defects* 1971;7: 219-221.

Burkett JM, Burkett BJ, Burkett DA: Eyelids cysts, hypodontia and hypotrichosis. *J Am Acad Dermatol* 1984;10:922-925. Masri-Fridling GD, Elgart ML: Eccrine hidrocystomas. *J Am Acad Dermatol* 1992;26: 780-782.

Clever HW, Sahl WJ: Multiple eccrine hidrocystomas: A nonsurgical treatment. *Arch Dermatol* 1991;127:422-423.

Kato N, Ueno H: Eccrine hidrocystoma: Two cases of Robinson and Smith types. *J Dermatol* 1992;19:493-497.

Sanguenza OP: Hidrocistomas. *Monogr Dermatol* 1993;6:146-151.

Farina MC, Pique E, Olivares M, Escalonilla P, Martin L, Requena L, Sarasa JL: Multiple hidrocystoma of the face: Three cases. *Clin Exp Dermatol* 1995;20:323-327.

Mehregan AH: Apocrine cystadenoma: A clinicopathologic study with special reference to the pigmented variety. *Arch Dermatol* 1964;90: 274-279.

Lever WF, Schaumburg-Lever G: Histology of the skin; in Lever WF, Schaumburg-Lever G (eds): *Histopathology of the Skin*. Philadelphia, Lippincott, 1990, pp 21-26.

Requena L, Simon P, Sánchez-Yus E: Estudio inmunohistoquímico de las glándulas sudoríparas ecrinas y apocrinas. *Experiencia propia y revision crítica. Piel* 1992;7:313-324.

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