

A CASE OF CLEAR CELL HIDRADENOMA IN A CHILD

Dr. Aadhya Singh	PG resident, Department of Pathology, Government Medical College, Pali.
Dr. Khetmal P	Assistant Professor, Department of Pathology, Government Medical College, Pali
Dr. H. P. Toshniwal	Senior Professor & Head, Department of Pathology, Government Medical College, Pali
Dr. Lokendra Bidiyasar*	PG resident, Department of Pathology, Government Medical College, Pali*Corresponding Author

ABSTRACT

BACKGROUND Clear cell hidradenoma (CCH) is a rare adnexal tumor of the apical sweat gland. This tumor has been called by different names in literature over the years, including clear cell myoepithelioma, solid cystic hidradenoma and eccrine acrospiroma. Solid cystic hidradenoma, or clear cell hidradenoma, is a distinctive and rare tumor usually originating in the sweat glands. It is common in adults, and especially among women. Case reported in a male child which is usually seen in middle age and was confused with sebaceous cyst and hemangioma clinically.

KEYWORDS :**INTRODUCTION**

Clear cell hidradenoma (CCH) is a rare adnexal tumor of the apical sweat gland. This tumor has been called by different names in literature over the years, including clear cell myoepithelioma, solid cystic hidradenoma and eccrine acrospiroma. More recently, some authors reported two different types of nodular hidradenoma: CCH that arises with apocrine differentiation and poroid hidradenoma which has eccrine differentiation.

CCH generally present as cystic nodules, between one and three cm in diameter, usually located on the trunk or scalp. CCH are more common in women, usually between the 4th and 8th decade of life. They tend to be painless and can appear with blue or red discoloration of the overlying skin, with possible ulceration with fluid discharge. They are generally benign, with a low risk of malignancy. However, the lesion may recur after surgical excision with a reported incidence of 10%.

Case presentation- An 8 year old male patient, complaining of scalp swelling since 1 year presented in the central laboratory of our hospital for Fine Needle Aspiration Cytology. On examination, swelling was firm measuring 2x2cm. On cytology, the FNB sample was of mucoid fluid which contained clusters of variably cohesive uniform epithelial cells with a moderate amount of cytoplasm and small dark ovoid nuclei, reported as adnexal tumour (Fig. 2).



Fig. 1-Scalp swelling in an 8 year old male patient, looking like a sebaceous cyst.



Fig 2-FNAC, 400X, Giemsa stained.

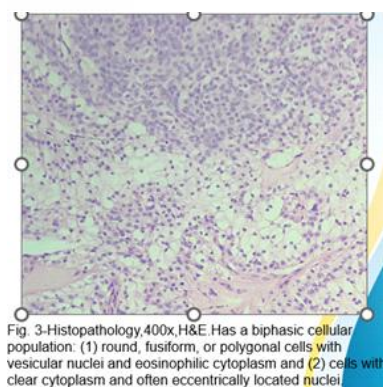


Fig. 3-Histopathology, 400x, H&E. Has a biphasic cellular population: (1) round, fusiform, or polygonal cells with vesicular nuclei and eosinophilic cytoplasm and (2) cells with clear cytoplasm and often eccentrically located nuclei

After surgical excision, sent for histopathological examination. Grossly, received skin covered circular, nodular, soft grey white irregular soft tissue mass measuring 5x3x1.5 cm. Cut surface is homogenous grey white. The histological examination showed a well-circumscribed nodule, with smooth borders, constituted by lobules of basophilic and clear cells separated by homogeneous collagenous material. There was no cytological atypia, mitotic figures or necrosis. Based on these findings, clear cell nodular hidradenoma was diagnosed (Fig. 3).

DISCUSSION

Acrospiromas, or nodulocystic hidradenoma, or clear cell hidradenoma, are rare histological variants of sweat gland origin. It was previously believed that these tumors just showed eccrine differentiation. However, now it has been

considered that it can show either apocrine or eccrine differentiation. These tumors occur among adults and most commonly in women compared to men. These lesions are usually rare among children.

CONCLUSIONS -Solid cystic hidradenoma, or clear cell hidradenoma, is a distinctive and rare tumor usually originating in the sweat glands. It is common in adults, and especially among women. Case reported in a male child which is usually seen in middle age and was confused with sebaceous cyst and hemangioma clinically.

REFERENCES

1. Feldman AH, Niemi WJ, Blume PA, Chaney DM. Clear cell hidradenoma of the second digit: A review of the literature with case presentation. *J Foot Ankle Surg* 1996;36:21-3.
2. Faulhaber D, Worle B, Trautner B, Sander CA. Clear cell hidradenoma in a young girl. *Am Acad Dermatol* 2000;42:693-5
3. Schweitzer WJ, Goldin HM, Bronson DM, Brody PE. Ulcerated tumor on the scalp. Clear-cell hidradenoma. *Arch Dermatol* 1989;125:985-6.
4. Iannotti R, Alessi E. Clear cell hidradenoma associated with the Folliculo - Sebaceous - Apocrine unit: Histologic study of five cases. *Am J Dermatopathol* 1997;19:351-7.
5. Ozawa T, Fujiwara M, Nose K, Muraoka M. Clear cell hidradenoma of the Forearm in a young boy. *Pedia Dermatol* 2005;22:450-2.