



CLEAR CELL HIDRADENOMA OF THE SCALP- DIAGNOSED ON CYTOLOGY

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ABSTRACT Clear cell hidradenoma is an uncommon benign adnexal tumor that arises as nodules from eccrine sweat glands. The diagnosis is usually confirmed on histopathology, and the lesion poses a diagnostic challenge for cytopathologist and is rarely diagnosed on fine needle aspiration cytology (FNAC) (1). Here we report a case of clear cell hidradenoma in a 34-year female, that was initially diagnosed on FNAC and later confirmed on histopathology. Thus, our study emphasizes that FNAC can be used as a first line diagnostic modality for nodular lesions of the skin.

KEYWORDS : Nodular, Hidradenoma, Scalp.

INTRODUCTION

A 34 year old female presented to the Surgery OPD with a cystic mass in the scalp for 1 year. On physical examination, a solitary painless, soft mass of 2x2 cm was seen in the scalp

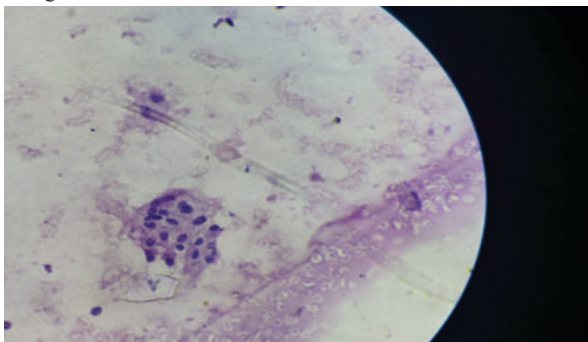


(Fig:1): Non Ulcerated Nodule In The Fronto-parietal Region Of The Skull

With a provisional diagnosis of dermoid cyst, the patient was sent to OPD for fine needle aspiration cytology (FNAC).

0.3 cc of clear fluid was aspirated.

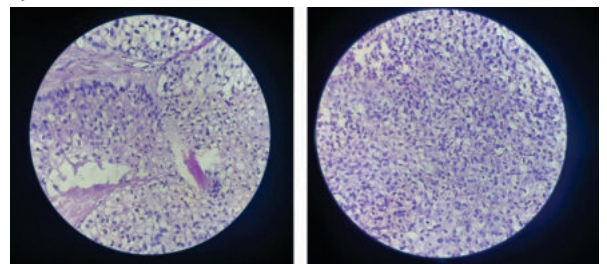
Smears showed amorphous material, scattered clusters of polygonal cells with round nuclei with evenly distributed nuclear chromatin and moderate amount of pink cytoplasm, a few showing cytoplasmic clearing. Few inflammatory cells and macrophages are seen in the background.



(Fig: 2): FNAC Showing A Sheet Of Cells Having Clear Cytoplasm And Central Nucleus

The cytology report was signed out as Benign Adnexal tumor - Hidradenoma.

A complete wide local excision of the lesion was performed, and sample was sent for histopathological analysis. Grossly there were two pieces of skin lined brownish white tissue altogether measuring 1x1 cm. On microscopy, the tumor was well circumscribed comprising of cystic and solid component. The solid component was in sheets, nests, and nodules and showed two kinds of cells. The polyhedral cells had a vesicular nucleus and eosinophilic cytoplasm, and the clear pale cells had a distinct cell membrane. The intervening stroma was hyalinized to sclerotic.



(Fig : 3): Low Power View Of The H And E Slide Showing Sheets Of Cells Some Having Clear Cytoplasm And Some Having Eosinophilic Cytoplasm And High Power View Of The Same.

Thus, histopathology confirmed the FNAC diagnosis of Clear cell hidradenoma.

DISCUSSION

Liu initially described this entity as clear cell papillary carcinoma of the skin in 1949 (2). Later, this was considered in different designations as acrospiroma, nodulocystic hidradenoma or clear cell hidradenoma (3). 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 (3, 4). These tumors occur more in adults and relatively rare in children; and more preponderant in women. Lesions can appear in any anatomical area (3).

Treatment is surgical excision. Recurrences are uncommon. Clinical differential diagnoses for clear cell hidradenoma are trichilemmoma, hemangioma, follicular cyst, glomus tumor, leiomyoma, cutaneous lymphoma, dermatofibrosarcoma protuberans, or adnexal tumors or adjunctive sweat gland (5,6). Hence pathological assessment of the lesion be it FNAC or histopathology is essential for correct diagnosis.

CONCLUSION

FNAC is a valuable adjunct investigation to histopathology in the

diagnosis of skin adnexal tumors.

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