Apocrine hidrocystoma with telangiectasia: an atypical finding

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DESCRIPTION

Apocrine hidrocystoma of the eyelid, also known as apocrine cystadenoma or sudoriferous cyst, is a retention cyst of the glands of Moll at the eyelid margin. Commonly seen in adults of middle age, it has a predilection for the medial canthus. They may be isolated or occur in clusters as a part of Schopf-Schulz-Pasarge syndrome. It usually appears as a smooth or multiloculated cystic lesion in the periocular region. Size is variable from 1 to 10 mm, and due to the presence of a bluish hue, it can be mistaken for a melanoma or blue nevus.¹⁻³ Microscopically, a cystic lesion lined by double layer of cells with a clear lumen is characteristic of apocrine hidrocystoma. The outer layer is formed by flattened myoepithelial cells, and the inner layer has apical snouts, which project into the lumen. Complete surgical excision is recommended, and the prognosis is excellent.¹

This tumour presented as a painless lobulated cystic lesion with multiple telangiectatic vessels over the surface at the medial aspect of the lower eyelid margin in a 44-year-old man (figure 1A). Histopathology revealed keratinised stratified squamous lining with cystic spaces within the stroma. The luminal wall of the cyst was lined by single to multilayered columnar to cuboidal cells with the characteristic 'apical snout' projecting towards the lumen of the cyst (figure 1B,C). In addition, multiple telangiectatic vessels were noted, which is not a typical feature of this tumour (figure 1D). These were filled with blood and also expressed CD34 in endothelial cells, confirming them to be blood vessels (figure 1E,F). Telangiectasia are not known to occur in hidradenomas, and we here describe this rare finding noted in this uncommon tumour, which can raise the suspicion of a malignancy on clinical examination.

Figure 1 (A) Clinical image of the eyelid margin cyst involving the peripunctal region of the lower eyelid with telangiectatic surface vessels and multiple lobules within the substance of the cyst; (B) photomicrograph showing a cystic space (H&E 20x); (C) photomicrograph of the luminal wall of the cyst lined by columnar to cuboidal epithelium with focal areas of multilayering and apical snouts (H&E 100x); (D) photomicrograph showing congested blood vessel surrounding the cyst wall (H&E 40x). (E) Expression of CD34 in endothelial cells of blood vessels (immune stain 100x). (F) Expression of CD34 in endothelial cells of blood vessels (immune stain 400x).

Patient's perspective

I had visited ophthalmologists who had diagnosed me to have eyelid cancer. However, at my last visit with the author, I was told that it is most likely a noncancerous tumour with an atypical feature. The same was confirmed on biopsy after surgical removal of the tumour. Now I am doing fine. I understand that this manuscript will make the readers aware of this atypical presentation of this uncommon tumour and hence prevent misdiagnosis.

Learning points

- ▶ Apocrine hidrocystomas are rare periocular tumours of adnexal origin, which may mimic eyelid malignancies.
- ▶ Telangiectasia although not typical may occur in apocrine hidrocystomas.
- ▶ Characteristic histopathology includes a cyst lined by epithelium, which forms 'apical snouts'.

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