Volume 9, Issue 11, November – 2024 International Journal of Innovative Science and Research Technology
ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/IJISRT24NOV499

Hidradenoma: A Rare Case

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Abstract:- A 37-year-old male presented with a six-month history of swelling in the left inguinal region, which had gradually increased in size and became painful in the last five days. Clinical examination revealed a spherical, cystic swelling with no signs of systemic infection. A provisional diagnosis of an infected sebaceous cyst or lipoma was considered. Surgical excision was performed, and histopathological examination confirmed the diagnosis of hidradenoma, a rare benign adnexal tumour of apocrine sweat glands. The case highlights the importance of considering hidradenoma in the differential diagnosis of inguinal masses and ensuring complete excision to minimize recurrence risk.

I. INTRODUCTION

➢ *Case Report*

Hidradenoma is a rare, benign adnexal tumour that originates from the apocrine sweat glands[1]. Typically presenting as a solitary, small, slow-growing lesion, it is most commonly found on the scalp, trunk, or extremities. However, its occurrence in the inguinal region is exceptionally rare. Due to its potential to mimic other benign or malignant skin lesions, accurate diagnosis is crucial. This report discusses a rare case of hidradenoma in the inguinal region, highlighting the clinical presentation, diagnosis, and management.

➢ *Case Presentation*

A 37-year-old male presented to our department with complaints of a gradually enlarging swelling in the left inguinal region over the past six months. The swelling, initially pea-sized, had increased to its present size of approximately 6 x 5 x 5 cm. Over the last five days, the patient experienced a dull, continuous ache over the swelling. There was no history of trauma, vomiting, obstipation, fever, or other systemic symptoms. The patient had no significant past medical history and was not a known case of tuberculosis, diabetes, or hypertension.

On general examination, the patient appeared moderately built and nourished, with no signs of pallor, icterus, cyanosis, clubbing, or pedal oedema. His vital signs were stable, with a pulse rate of 70 beats per minute and a blood pressure of 120/70 mmHg.

➢ *Examination*

Inspection of the left inguinal region revealed a spherical swelling measuring 6 x 5 x 5 cm (Figure 1). The overlying skin showed excoriation, but no visible pulsations, punctum, or discharge were noted. On palpation, the swelling was cystic in consistency with well-defined margins. Mild tenderness was present, but there was no warmth. The swelling was non-reducible, and the skin overlying it was not pinchable. Fluctuation test was positive, while the transillumination test was negative. Additionally, there was no cough impulse.

Fig 1: Hidradenoma Swelling Over Left Inguinal Region – Gross Image

➢ *Preoperative Investigations and Diagnosis*

All preoperative investigations, including routine blood tests, were within normal limits. Based on the clinical findings, a provisional diagnosis of an infected sebaceous cyst, cold abscess, or infected lipoma was made.

➢ *Surgical Management*

The patient underwent surgical excision of the lesion. The specimen was sent for histopathological examination, which revealed features consistent with hidradenoma. The tumour was noted to be a benign adnexal neoplasm originating from the apocrine sweat glands. Hidradenomas typically present as small (2-3 cm) lesions, but in this case, the lesion was larger than usual.

➢ *Histopathology and Differential Diagnosis*

Histopathology confirmed the diagnosis of hidradenoma, characterized by nodulocystic architecture[2]. Hidradenomas may present as clear cell hidradenomas or acrospiromas, and they commonly connect to the epidermis, making the skin non-pinchable. Ulcerated lesions can

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resemble basal cell carcinoma, and in some cases, lymphatic invasion may be observed, raising suspicion of malignancy.

II. DISCUSSION

Hidradenoma is an uncommon presentation, particularly in the inguinal region. Although generally benign, these tumours require careful evaluation and complete excision due to their potential for local recurrence and, rarely, malignant transformation into hidradenocarcinoma[3][4]. The differential diagnosis includes other cystic lesions such as sebaceous cysts, lipomas, and abscesses. The absence of systemic symptoms and the lesion's non-reducibility, cystic consistency, and skin non-pinchability should raise suspicion of hidradenoma.

III. CONCLUSION

This case illustrates a rare presentation of hidradenoma in the inguinal region. Despite its benign nature, accurate diagnosis and complete surgical excision are crucial to prevent recurrence and to monitor for any signs of malignant transformation[5], especially in cases with lymphatic invasion. Long-term follow-up is recommended for patients with hidradenoma, particularly when there is evidence of lymphatic involvement.

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HISTOPATHOLOGICAL REPORT

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CENTRAL LAB REPORT (NABL ACCREDITED LABORATORY)

MC-5943

Request Date : 20/JUL/2023

Name :	Mr. SELVAM	Gender :	Male
IP Number :	IP/23/025358	Age :	37 Years
Location : (Ward/Room/Bed)		Request No. :	HP/23/010346
		Order No. :	IO/23/039311
Ref By :	Dr GENERAL SURGERY HOD		HP/23/010346

HISTOPATHOLOGY

Sample Number	TIS/23/00509	Registerd at :	20-JUL-23 02:57 PM	Completed at	26-JUL-23 03:38 PM
		Received at :	25-JUL-23 01:05 PM	Approved at	26-JUL-23 03:38 PM

Test	Results/Units	Reference Range
**HISTOPATHOLOGY - LARGE		
BIOPSY NO.	498/23	
CLINICAL DIAGNOSIS	Left Inguinal region node / mass	
NATURE OF SPECIMEN	Left Inguinal region node / mass	
GROSS	Received single grey - white soft tissue bit measuring about 5 x 4 x 4 cm	
MICROSCOPY	Sections studied show well circumscribed, unencapsulated nests found within dermis. Shows no connection to epidermis. Shows both solid and cystic components Solid : Polyhedral cells with basophilic cytoplasm & eccentric nucleus Cystic : Degenerative changes noted No atypia / pleomorphism	
IMPRESSION	F/S/O Hidradenoma (Benign)	
REMARKS	To be correlated clinically	

Note: This is an electronically generated report.

Verfied by: E. SUGANYA

10482
DR. PRIYANKA P MD (PATH)
DEPARTMENT OF PATHOLOGY
Authorized Signatory

Tests marked with ** are not accredited by NABL

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