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Facial Malignant Nodular Hidradenoma: Case Report

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Abstract | **Case Report**

Nodular hidradenoma is a rare benign sweat gland tumor arising from the apocrine glands. This tumor has a low incidence of neoplastic transformation and metastasis. The differential diagnosis of the malignant form of the tumor is extremely difficult not only because of their benign appearance but also because of their similarity to other cutaneous lesions. Some of the excised lesions initially diagnosed as a benign tumor may be proved to be a malignant transformation once reexamined after the recurrences and the metastasis have been occurred. Here, a case of a nodular hidradenoma with atypical demonstration on the face of an old male is presented.

Keywords: Malignant Hidradenoma, Nodular Tumor, Reconstructive Surgery, Face Tumor.

INTRODUCTION

The recognition of hidradenoma as a definite entity was initial reportable in 1941 by Mayer. The malignant kind of hidradenoma is very rare, with but fifty cases ever reported within the literature of these cases were characterised by a major rate of locoregional repetition. Some patients developed distant pathologic process unfold in addition [1], a spread of names square measure applied to dominantly dermal-based malignant eccrine tumors, as well as hidradenocarcinoma, malignant acrospiroma and clear cell eccrine cancer [2]. The overall incidence of all eccrine carcinomas is 6% which represent <1% (0.1- 1) of all skin neoplasms [3]. Body involvement is 65% on the soles, 10% on the palms and 25% in other regions (extremities, face, neck and trunk) [4].

CASE REPORT

A 84 years old male presented to our department with an ulcerating lesion involving the right later of Ron region, with irregular borders, indurated, slightly painful on mobilization, that began 10 months prior to the presentation. The mass was associated with ulceration, but not with bleeding or any kind of discharge.

Fig. 1: Initial lesion of the face

There was no regional aurical, cervical, or submandibular lymphadenopathy in the clinical examiniation. An echography was made wich showed jugulocarotid and subangulomandibular ganglions of subcentimetric size with preserved central fatty hilum.

The remainder of the ocular and general physical examination including examination of the liver and lungs was normal. Basal cell carcinoma or squamous cell carcinoma was suspected on the basis of the clinical examination. A biopsy first with immunohistochimy showed a morphological aspect of an anexial tumor of follicular differentiation, firstly consistent with a malignant hidradenoma.

Facial-cerebral CT performed a Right temporal skin thickening respecting the deep soft parts of the vicinity / Diffuse cortico-subcortical atrophy. A complete, wide excision of the nodular mass with a one centimeter clear margin of healthy surrounding tissue was performed along with a rotation flap used in reconstructive surgery.

Fig. 2: per operative

The pathology of the excision confirm the hidroadenoma type and the margin were 0.9cm in intern limit, 1.3 cm superior limit, 0.9cm extern limit, 0.8cm inferior limit and 0.5 cm for the deep limit.

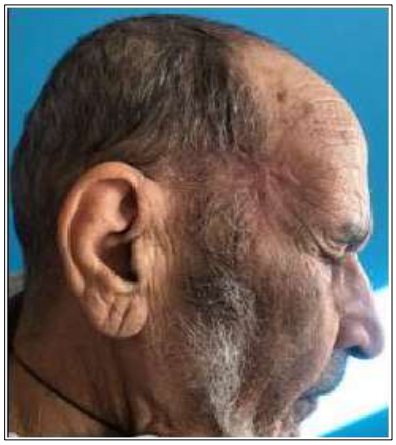

Fig. 3: 5 Months follow up

The evolution was marked by a necrosis of the tip of the flap which was followed in directed healing until complete healing, currently the patient is 4 months post-op and shows no sign of recurrence. Furthermore, the patient was referred to otorhinolaryngology for neck dissection who indicated after a staff just a regular quarterly follow-up with a control ultrasound given the age of the patient.

DISCUSSION

Hidradenoma typically affects old ladies, though its malignant kind shows no age or gen- der predilection with a prognosis for survival is generally poor with a 5 year disease free survival rate reported to be less than 30 % [1]. it's predominant in females [5]. Though, in our case, the sickness was noticed as a nodule in Associate in Nursing recent feminine with none lymph gland involvement. As conjointly delineate within the literature, these neoplasms gift as nodules, oftentimes with superimposed ulceration and rapid climb, touching the pinnacle and neck and therefore the distal extremities of the older [2]. Regional pathology, with or while not humor discharge, could develop years once initial treatment [1]. These tumours square measure postulated to arise from the intracutaneous duct of eccrine sweat

glands [5]. Histologically, sweat glands could also be either eccrine or apocrine in nature. eccrine glands square measure gift throughout the skin however square measure most abundant within the palms, soles, and axillae apocrine glands square measure found in comparatively fewer regions of the body, chiefly the axillae, round the nipples, the anogenital region, and infrequently a little variety on the abdomen and chest [6], eccrine hidradenomas are referred as nodular hidradenoma or clear cell hidradenomas arising from the eccrine sweat glands. This terminology relies on microscopy and histochemical studies [7]. The medical diagnosis includes primary skin tumors with vesicle, sebaceous, or sudoriferous gland differentiation. Hidradenomas will mimic body covering pathological process sickness from clear cell tumors like excretory organ cell malignant neoplastic disease [8], the likelihood of a primary basal cell malignant neoplastic disease with eccentric differentiation and a lobe, hyalinised syringoma ought to even be enclosed within the histologic medical diagnosis [9], the factors for malignancy embrace poor restriction, presence of nuclear atypia, mitotic activity, presence of preponderantly solid cell islands, infiltrative growth pattern, necrosis, and angio-lymphatic permeation [9]. Surgical excision remains the therapeutic modality of alternative [1].

Wong *et al*., supported wide surgical surgical procedure with a least a pair of cm of clear margins for each primary sickness and native recurrences [11]. Mohs micrographic surgery could prove superior to the traditional excision and manifest a lower re- petition rate [3]. Elective regional lymphadenectomy once lymphoscintigraphy ought to even be performed [1]. Within the absence of famed distant metastases, clinically concerned nodal regions ought to be compound and irradiated, whereas clinically uninvolved primary nodal evacuation areas ought to be either compound or irradiated. The role of a selective neck dissection remains debated and there's no clear proof to its utility [14].

The selection of adjuvant medical care is contentious. Bound histopathology criteria ought to encourage thought of post excisional radiation therapy, the options, like dermal humour invasion, nerve- sheath involvement, deep structure infiltration, positive surgical procedure margins, extremely dysplasia morphology, and extracapsular lymph gland extension, could establish a high risk of repetition [15, 16]. Harari and colleagues according complete remissions once external beam radiation therapy for sudoriferous gland tumors with positive margins once surgery, the dose and technique of radiation therapy don't seem to be accordant. Within the work of Harari *et al*., primary surgical beds were treated with seventy Gy, employing a combination of photons and electrons, and regional humour chains with fifty Gy. Hyper fractionation schemes were employed in 2 patients to reduce late traditional tissue effects [16]. As mentioned in numerous studies delineate higher than, the treatment strategy is personal. In our patient, wide native excision of the mass was done.

Adjuvant radiation therapy was given be- cause of the presence of high risk options the most post radiation therapy facet result and complications could vary consistent with primary site and square measure dose dependent. There square measure each acute and long-run sequelae of actinotherapy for head and neck cancer that occur attributable to effects on traditional tissues. Some common adverse effects embrace mucositis, xerostomia, trismus, hearing disorder, and facial pathology. Severe late com- plications embrace the chance of soppy tissue death, osteoradionecrosis, or cutaneous fistula, blindness, and second malignancies [14]. With the appearance of latest techniques of radiotherapy; such facet effects square measure less frequent and higher tole- rated.

CONCLUSION

Malignant nodular hidradenoma could be a rare medicine entity, with no explicit clinical or his- topathological options. It ought to be enclosed within the medical diagnosis of skin lesions.

Conflict of Interest: No conflict of interest

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