Malignant Nodular Hidradenoma of Nose

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Abstract

Malignant tumours originating from the sweat glands are very rare. We report a case of a female with malignant nodular hidradenoma of the external nasal pyramid. A brief review of literature including the histopathological aspects and management is presented herewith.

Malignant nodular hidradenoma is a rare eccrine sweat gland tumour arising from the secretory coil or from the sweat duct. Usually, they are malignant from their inception, but some develop from benign clear cell hidradenoma. The most common regions in which they are found are the head and neck.

Case Report

A 70 year old female presented to JIPMER ENT Outpatient Department with complaints of a swelling over the left side of nose of five years duration. There

Fig. 1. Photograph of the patient shows the pedunculated mass on the left lateral side of nose.

Fig. 2 Photograph of the patient (Lat view) shows the bilobed pedunculated mass on the left lateral side of nose.

Fig. 3 Histopathological photograph showing stratified squamous epithelium with underlying area showing a neoplasm composed of solid and cystic areas. (H&E X 40)

was no history of nasal symptoms or pain. On examination a huge bilobed pedunculated blackish mass was seen attached to the right side of external nasal pyramid (Fig. 1 and 2). Its surface was nodular with areas of ulceration. It was nontender and firm in consistency. Nasal cavity was normal on anterior rhinoscopy. Since it was of five years duration a provisional diagnosis of a benign tumour (neurofibroma) was made. Under local anaesthesia the mass was excised with 1 cm skin around the pedicle. Primary closure of the wound was done and specimen sent for histopathological examination. The histopathological report showed malignant nodular hidradenoma. A 6 months follow up showed no tumour recurrence.

References

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Histopathology

Section shows tissue covered by stratified squamous epithelium with underlying area showing a neoplasm composed of solid and cystic areas, (fig. 3) cells which are arranged in sheets are round with clear scanty cytoplasm. Nuclei show mild pleomorphism and coarse chromatin clumping some cells are with abundant clear cytoplasm.

Discussion

Malignant nodular hidradenomas are generally regarded as eccrine sweat gland tumours on the basis of its enzyme histochemical and electron microscopic features. Usually, they are malignant variants of benign tumour and occasionally malignancy arises in a longstanding benign lesion. It is a very rare tumour seen commonly in old people and there is a female preponderance. Usually, they are solitary tumours covered by intact skin, but some tumours show superficial ulceration. In contrast to benign clear cell hidradenomas which are well demarcated, malignant clear cell hidradenomas show invasion into the surrounding tissue. There may be angiolymphatic invasion. They tend to metastasize and may cause death. Treatment is wide surgical excision and follow up.

Conclusion

Malignant nodular hidradenomas are rare sweat gland tumours seen mainly in the head and neck. Diagnosis is based on histopathology. Treatment is wide surgical excision and follow up.

Congratulation

Dr NL Hiranandani (Hon. Prof & Hon. ENT Surgeon has been appointed as member of Hearing International Bangkok Thailand.