NASAL APOCRINE HIDROCYSTOMA
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ABSTRACT

Nasal apocrine hidrocystoma is a rare entity. A 43-year-old female was referred to our clinic complaining of an asymptomatic palpable mass in the nasolabial fossa. Upon examination, a firm, non-tender mass was palpable, with no evidence of atypia or atypical growth. The clinical history and physical examination revealed a well-delimited, homogeneous, painless, and mobile mass located in the nasolabial fossa, which was consistent with the diagnosis of apocrine hidrocystoma. The patient underwent a surgical excision, with no recurrence noted in the follow-up period. This case report underscores the importance of early recognition and treatment of such lesions to prevent further complications and improve patient outcomes.

INTRODUCTION

Hidrocystoma is a cystic form of a sudoriferous gland adenoma originating from the eccrine and apocrine secretory glands. The external inferior eyelid region is the most frequent zone. This case is about an apocrine hidrocystome localized in the nasal area, differing from most areas described in literature, which cites the eyelid region as the most common zone.

OBJECTIVES

- To describe a case report of an apocrine hidrocystome in an unusual area (nasal) and literature review
- Report case
- Discuss the clinical and pathological findings
- Conclusions

REPORT CASE

R.T.G. 43 years old, female, comes to Nossa Senhora de Lourdes Hospital, in Sao Paulo (SP - Brazil) complaining of an upper nasal camber, intermittently associated to pain when nasal itching or obstruction of the right nasal fossae lasting 1 year long. The physical exam showed facial asymmetry with a discrete right nasal wing elevation and right nasolabial furrow deletion. The nasolbiotangynoscopy showed right nasal floor deformity, deviated septum. Normal os copy.

The CT scan without contrast showed: well delimited lesion, rounded, homogeneous, just before the piriform opening, with normal bone structure. Nasal Septum deviated to the right and inferior turbinate hypertrophy. This patient was submitted to an elective septoplasty, turbinectomy and cystic enucleation.

DISCUSSION

This is about an apocrine hidrocystome localized in the nasal area, differing from most areas described in literature, which cites the eyelid region as the most common zone. The clinical history and physical examination added by the CT scan data guided us to an anathomopathologic examination. The anathomopathologic result was an apocrine hidrocystome. This case can present itself as a differential diagnosis to nasal lesions: peripheral inflammatory lesions, nasal furuncle, nasopalatine duct cyst, dermoid cyst and nasolabial cyst.

CONCLUSIONS

Hidrocystomes are benign tumors of the sudoriferous glands at the face. We report this case to demonstrate a hidrocystome in an unusual spot as the literature describes. It can be asymptomatic, but most people present themselves with a well delimited enlargement, local pain and partial or total nasal obstruction. The Sinus CT scan is the ideal exam to a correct evaluation and it can only be confirmed after an anathomopathological exam. The cystic enucleation is the correct treatment, with low recidives.

REFERENCES