

HIDRADENOMA

Epidemiology.

Hidradenoma (eccrine acrospiroma) presents mainly in adults, primarily in women.

Clinical Findings.

Hidradenoma presents as a slowly growing, firm, solitary, smooth-surfaced, usually bluish-red, movable dermal and/or subcutaneous papule or nodule. Lesions are located mostly on the scalp, face, trunk, and abdomen, and, occasionally, on the extremities. Unusual presentations include childhood neoplasms, large or rapidly growing lesions, painful and/or ulcerated lesions, as well as pedunculated tumors.
Histopathology.
A nodular, solid, or solid-cystic lesion in the dermis, sometimes with extension to the subcutis. The epithelial component consists of closely packed aggregations of round, fusiform, or polygonal cells with either eosinophilic or clear cytoplasm. Individual lesions show a variable cellular composition. Clear cells predominate in about one-third of cases. Mitotic figures are sometimes noted within the epithelial component, a feature that does not generally indicate malignancy. The cystic spaces are often filled with mucin.
Prognosis and Clinical Course.
Hidradenoma shows a high rate of local recurrence and may rarely undergo malignant transformation.
Treatment.
Treatment is complete surgical excision.