

## Ectopic Hidradenoma Papilliferum on the Scalp

Aslı Küçükünal, MD, Kübra Esen, MD, İlknur Kıvanç Altunay, MD,  
Aslı Aksu Cerman, MD

Address: Dermatology and Venereology at Sisli Hamidiye Etfal Training and Research Hospital, Istanbul-Turkey,  
E-mail: aslikucukunal@hotmail.com

\* Corresponding Author: Şişli Hamidiye Etfal Training And Research Hospital, Department of Dermatology,  
34377, Istanbul, Turkey

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### Abstract

**Observation:** Hidradenoma papilliferum is a rare, benign, cystic, papillary apocrine gland tumor that occurs almost exclusively in the skin of the anogenital region in women. Nonanogenital (ectopic) hidradenoma papilliferum are extremely rare. Here, we interestingly present a case of an enlarging nodule in the occipital region of the scalp of a 40 year-old man.

### Introduction

Hidradenoma papilliferum is a benign tumor that usually occurs in the female anogenital region. Ectopic hidradenoma papilliferum, which involves the skin away from the anogenital region, is exceedingly rare, and can also affect males. The histological findings included variously shaped cystic and tubular structures in the tumor. The lumina were surrounded by a double layer of cells and showed active decapitation secretion [1, 2, 3, 4, 5]. We, here, present a non-anogenital (ectopic) hidradenoma papilliferum tumor on the head and neck.

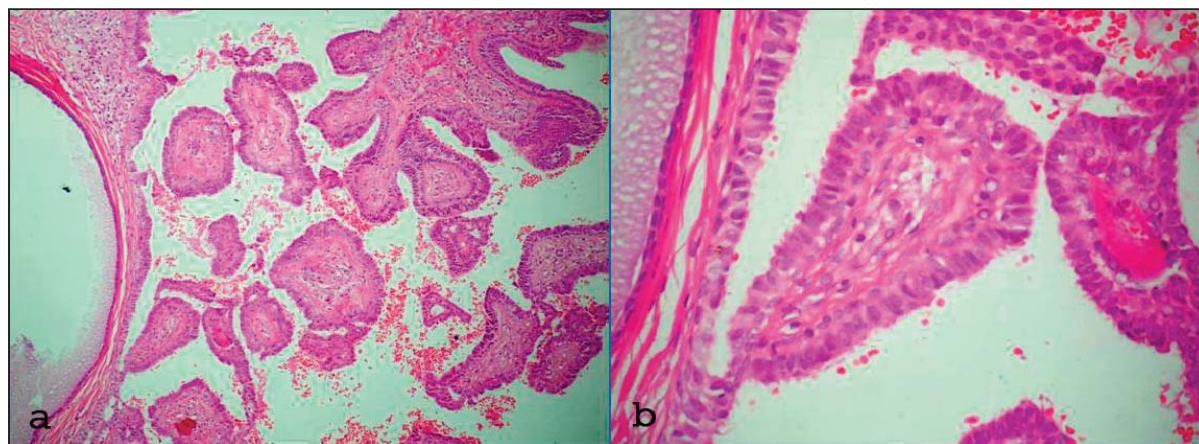
### Case Report

A 40-year-old man presented with an asymptomatic solitary lesion on the vertex of the scalp for the past 20 years. The lesion started as a small swelling and gradually increased in size. There was no history of pain or itching. The patient confessed that he has a hospital anxiety and surgery fear, so he delayed in attending to a dermatology department. In the meanwhile, he covered the growing lesion by lengthening his hair. Skin examination

revealed one globular structured giant nodule and a smaller one adjacent to the other, measuring 4 × 5 cm and 2 x 1.5 cm respectively (Figure 1). Although the surface was partially ulcerated, there was no tenderness. There was no regional lymphadenopathy. Routine laboratory tests were within normal limits. The radiological examinations such as scalp X-ray and brain computerized tomography were all normal. The tumor was excised totally at the Department of Plastic and Reconstructive Surgery and subjected to histopat-



**Figure 1.** Globuler structured nodule with a partially ulcerated surface on the scalp



**Figure 2.** (a) Hematoxylin-eosin stain (4x) showed cystic structures showing grouped glandular structures and papillary folds. (b) Hematoxylin-eosin stain (40x) showed the lumina lined by a double layer of cells consisting small cuboidal cells and columnar cells showing active decapitation secretion.

hological examination. Histopathology findings revealed cystic structures showing grouped papillary or glandular configuration which were lined with a double or single layer of inner columnar and outer cuboidal cells. The cells of the lumina showed decapitation secretion similar to apocrine gland. These features were suggestive of HP (**Figures 2a and b**).

## Discussion

Ectopic HP usually presents as an asymptomatic nodule and eighty-five percent of cases are 1.5 cm in the greatest diameter or smaller [4]. Adversely, here, the tumor was 4 x 5 cm in size. This may be explained by the slowly enlarging of the lesion in the past 20 years. The reported case of giant ectopic HP on the scalp seems to be a very rare finding. To our knowledge, only one case of HP has been reported by Moon et al which reached almost to the same size as in our case [6].

The age range for those patients with ectopic HP varies. Our patient was 40-years old which lies within the age range of 8 to 78 years recorded by Fernández-Aceñero et al [7]. Although head and neck is a common site for this group, other ectopic sites include eyebrow, eyelid, nose, chest and external auditory canal [3, 5]. A search of the literature showed that both typical and ectopic lesions are seen after puberty which conforms with our study [8]. It is believed that increase in hormonal stimulation at this age group tends to foster the number of apocrine glands in the body.

In contrast to anogenital HP, nearly one half of the patients with ectopic hidradenoma papilliferum are men [9] such as in the presenting case. The race, clinical features, pathologic features, treatment, and prognosis for hidradenoma papilliferum occurring in anogenital and ectopic locations are almost similar [4]. Histopathological findings appeared to be consistent with the diagnosis in our case. When focal infiltrative architecture and increased mitotic figures are seen, it is classified as atypical hidradenoma [1]. There are only two reports of carcinoma arising in a pre-existing hidradenoma papilliferum [10].

Although the tumor is usually mistaken for a cyst, polyp or an angioma [5], our case should be differentiated from proliferating tricholemmal cyst because of its globular shape and size. The prognosis for ectopic HP is good. Simple excision is curative [2] and recurrence is unusual [5].

## References

1. Baker GM, Selim MA, Hoang MP. Vulvar adnexal lesions: a 32-year, single-institution review from Massachusetts General Hospital. Arch Pathol Lab Med 2013; 137: 1237-1246. PMID: 23991738
2. Veeranna S, Vijaya. Solitary nodule over the labia majora. Hidradenoma papilliferum. Indian J Dermatol Venereol Leprol 2009; 75: 327-328. PMID: 19439903
3. Jain D, Siraj F, Grover AK, Garg KK. Hidradenoma papilliferum presenting as an eyelid mass. Ophthal Plast Reconstr Surg 2012; 28: 152-153. PMID: 22820442
4. Vang R, Cohen PR. Ectopic hidradenoma papilliferum: a case report and review of the literature. J Am Acad Dermatol 1999; 41: 115-118. PMID: 10411423

5. Tanaka M, Shimizu S. Hidradenoma papilliferum occurring on the chest of a man. *J Am Acad Dermatol* 2003; 48: 20-21. PMID: 12582377
6. Moon JW, Na CH, Kim HR, Shin BS. Giant ectopic hidradenoma papilliferum on the scalp. *J Dermatol* 2009; 36: 545-547. PMID: 19785709
7. Fernández-Aceñero MJ, Sánchez T, Aramendi BS, et al. Ectopic Hidradenoma Papilliferum: A Case Report and Literature Review. *Am J Dermatopathol* 2003; 25: 176-178. PMID: 12652207
8. Rosmaninho AD, de Almeida MT, Costa V, et al. Ectopic Hidradenoma Papilliferum. *Dermatol Res Pract* 2010; 2010: 709371. PMID: 21197082
9. Minami S, Sadanobu N, Ito T, Natsuaki M, Yamanishi K. Non-anogenital (ectopic) hidradenoma papilliferum with sebaceous differentiation: a case report and review of reported cases. *J Dermatol* 2006; 33: 256-259. PMID: 16674789
10. Pelosi G, Martignoni G, Bonetti F. Intraductal carcinoma of mammary-type apocrine epithelium arising within a papillary hidradenoma of the vulva. Report of a case and review of the literature. *Arch Pathol Lab Med* 1991; 115: 1249-1254. PMID: 1662944