

Large peri-punctal eccrine hidrocystoma

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Abstract

Eccrine hidrocystoma is a benign cystic tumor. Such benign cystic lesions may be a cosmetic concern, or when large, can cause eyelid malpositions. We report a patient with a peri-punctal hidrocystoma of the eyelid.

Keywords: hidrocystoma, peri-punctal, eccrine

Introduction

Eccrine hidrocystoma is a benign cystic lesion, arising from eccrine sweat glands; peri-punctal location is

not very common. Although they never arise from the lid margin itself, the location can be close to it and large lesions may mechanically involve the margin [1, 2]. Sudoriferous cysts can be another entity in the differential diagnosis.

Case Discussion

A male patient, aged 42 years, presented with a left lower lid lesion near the medial canthus of one-year duration (**Figure 1**). There were no similar lesions elsewhere. The papule slowly but progressively enlarged with associated intermittent epiphora of

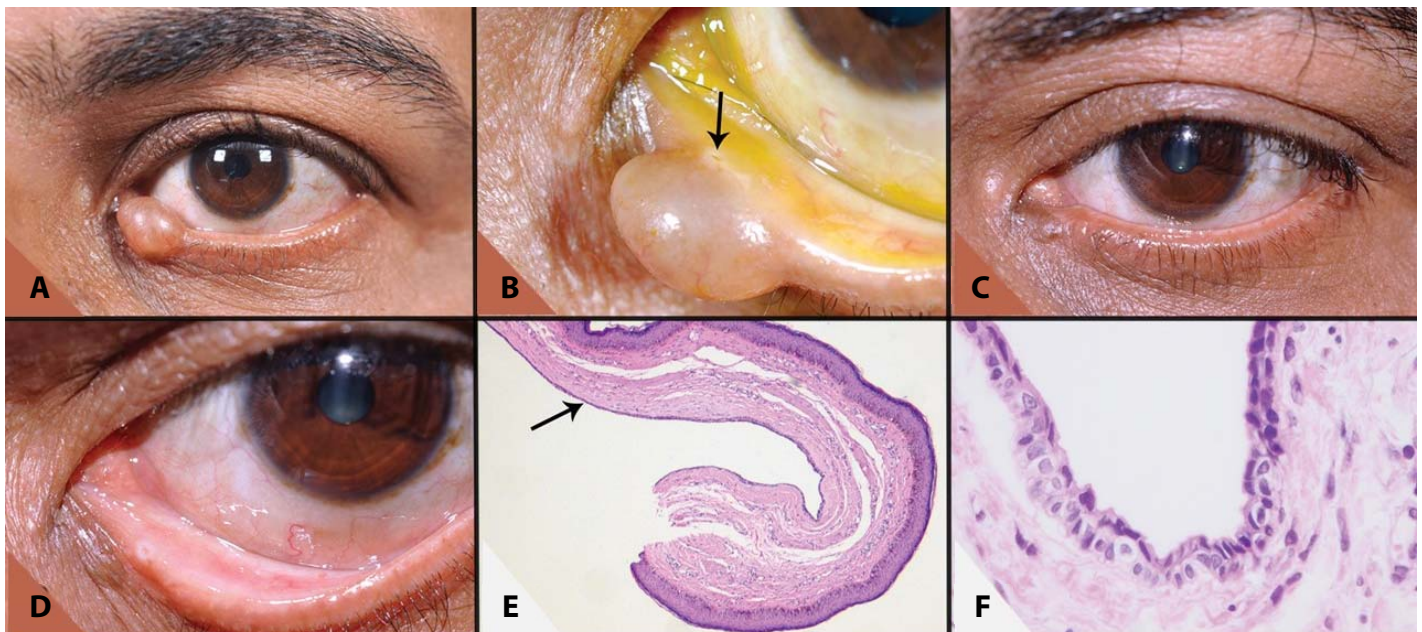


Figure 1. **A)** Clinical external photograph of the left lower lid showing the large cystic lesion with surface vessels. **B)** Higher magnification photograph showing the close association of the lesion with the anterior wall of the punctum (arrow). **C)** Post-operative external image showing no recurrence of the lesion, and **D)** the normal punctum. Histopathological examination showing **E)** the cystic lesion in the dermis (arrow, H&E, 40 \times). **F)** Note the double layer lining of the lesion with cuboidal epithelium and absence of luminal decapitated secretions (H&E, 100 \times).

three months duration. On examination, a soft, translucent, cystic papule covered by the skin was noted. The surface was smooth with fine vessels (**Figure 1**) and trans-illumination was positive. Eversion of the eyelid showed the lesion to be in close proximity with the anterior wall of the punctum and vertical canaliculus (black arrow, **Figure 1B**). Lacrimal irrigation showed patency. Ocular examination was normal for both eyes. A working diagnosis of peri-punctal cystic lesion was made. A probe was placed in the lower canaliculus to avoid injury to the proximal lacrimal drainage and the lesion was carefully excised in toto. At 3 months follow up, there was no recurrence (**Figure 1C**) and the punctum was normal (**Figure 1D**). Histopathological examination showed the growth to be covered by stratified squamous epithelia with basal pigmentation and a unilocular cyst in the dermis

lined by a double layer of cuboidal epithelium without any decapitated luminal secretions (**Figure 1E, F**). Histological examination was confirmatory for eccrine hidrocystoma.

Conclusion

Large peri-punctal hidrocystomas may cause epiphora secondary to mild lid-globe incongruity and compression effects on the punctum and canaliculus. Care should be exercised during their excision to avoid lacrimal trauma.

Potential conflicts of interest

Mohammad Javed Ali receives royalties from Springer for the treatises, 'Principles and Practice of Lacrimal Surgery' and 'Atlas of Lacrimal Drainage Disorders.'

References

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