

# HİDRADENOMA PAPİLLİFERUM OF THE VULVA: CASE REPORT

## VULVAR HİDRADENOMA PAPİLLİFERUM: OLGU SUNUMU

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**Cite this article as:** Atigan A, Kilic D, Arman Karakaya Y, Guler OT. Hidradenoma papilliferum of the vulva: case report. J Ist Faculty Med 2021;84(2):275-7. doi: 10.26650/IUITFD.2020.0097

### ABSTRACT

Hidradenoma papilliferum (HP) is a rare, small, benign, cystic, papillary, slow growing tumour arising from the apocrine gland in the anogenital region of adult women. A 54-year-old patient had an asymptomatic nodule in the vulvar region for three months. Approximately a 1x1.5 cm nodular formation was observed on the left labium minus. In the pathological examination of the tissue removed by local excision, the diagnosis of the hidradenoma papilliferum was made. Hidradenoma papilliferum, which is a rare condition, has been presented in literature.

**Keywords:** Apocrine gland, hidradenoma papilliferum (HP), vulva

### ÖZET

Hidradenoma papilliferum (HP), yetişkin kadınların anogenital bölgesindeki apokrin bezinden kaynaklanan nadir, küçük, iyi huylu, kistik, papiller, yavaş büyüyen bir tümördür. Elli dört yaşında ki hasta üç ay boyunca vulvar bölgesinde asemptomatik bir nodül nedeniyle başvurdu. Sol labium minus üzerinde yaklaşık 1x1.5 cm nodüler oluşum gözlemlendi. Lokal eksizyonla çıkarılan dokunun patolojik incelemesinde hidradenoma papilliferum tanısı kondu. Nadir görülen bir durum olan hidradenoma papilliferum literatür eşliğinde sunuldu.

**Anahtar Kelimeler:** Apokrin bez, hidradenoma papilliferum (HP), vulva

### INTRODUCTION

Hidradenoma papilliferum (HP) is a rare benign tumour of the apocrine glands most commonly located on the vulva in woman of reproductive age. It usually occurs as an asymptomatic flesh-coloured nodule which is a slow growing benign cystic papillary tumour in the anogenital area (1). Hidradenoma papilliferum of the vulva, also known as "tubular adenoma of the vulva" was first described in 1878 by Werth, who defined it as a cystic tumour with a cylindrical epithelium that shares some pathological features with papillary adenoma of the breast (2). Differential diagnosis can be difficult due to Bartholin cysts/abscesses, lipoma and some premalign/malignant vulval lesions. It is necessary to be very cautious in pathohistological examination, since it can clinically mimic carcinoma. This article aims to present hidradenoma papilliferum, which is a rare condition of vulva, in the light of relevant literature.

### CASE REPORT

A 54-year-old female patient presented an asymptomatic nodule of 3 months duration in the vulva. On examination, a well-circumscribed and size 1x1.5 cm nodule was seen surface to ulcer on the outer aspect of the left labium minus. The nodule was firm and not tender and the surface slightly eroded. There were no abnormal findings after systemic examination. The pap-smear and HPV co-test of the patient who was sexually active was negative. Systemic laboratory values were within normal limits. Speculum and bimanual examinations were essentially normal. Written informed consent was obtained from the patient.

Removal with local excision was discussed with the patient. The extracted specimen was taken for pathological examination. On cut section, it was cystic and showed the presence of papillary projections in the cystic cavity.

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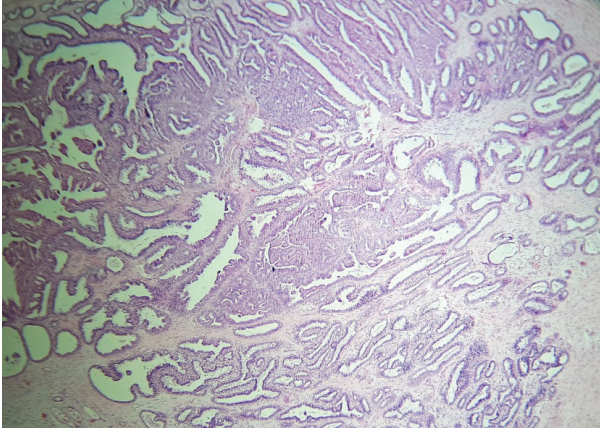
**Submitted/Başvuru:** 12.05.2020 • **Revision Requested/Revizyon Talebi:** 05.06.2020 •

**Last Revision Received/Son Revizyon:** 26.07.2020 • **Accepted/Kabul:** 07.09.2020 • **Published Online/Online Yayın:** 17.03.2021

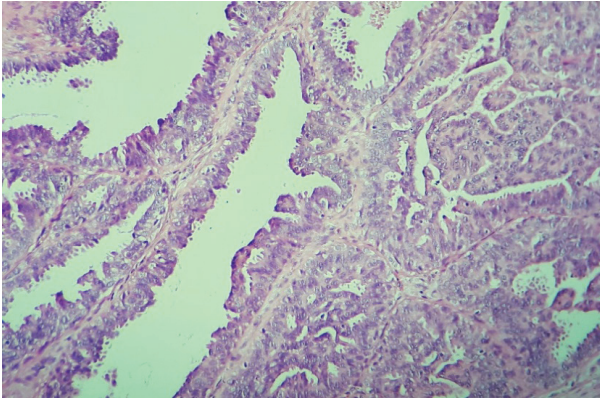


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Microscopic examination shows a well-limited lesion consisting of papillary and tubular structures (Figure 1). The lumen was lined by columnar cells with an oval staining nucleus located near the base and a faintly eosinophilic cytoplasm. Decapitation secretion was seen inside the lumen (Figure 2).



**Figure 1:** A well-limited lesion consisting of papillary and tubular structures, Hematoxylin&Eosin (H&E), x100.

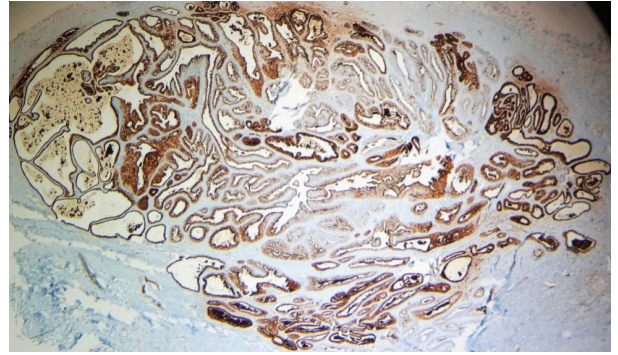


**Figure 2:** Tubular lumen structure is showed, H&E, x200.

Immunohistochemical (IHC) staining examination was as follows: p53 (-), PANCK (+), Ki-67 7%, EMA (+), GCDPF15 (+), AR 90% (+), ER 90% (+), PR 50% (+), S100 in the myoepithelial layer (+), CK7 (+), CK20 (-), CEA (+) (Figure 3). In the light of microscopic findings, the diagnosis of hidradenoma papilliferum was made. The woman is well after 6 months of follow-up.

## DISCUSSION

Hidradenoma papilliferum, also known as papillary hidradenoma, is the most common benign lesion of the female anogenital area derived from the anogenital mammary-like glands (3).



**Figure 3:** CEA positive staining, IHC, x100.

Hidradenoma papilliferum is an uncommon benign neoplasm arising from apocrine glands, seen in middle-aged females, commonly between the ages of 30-49 years (4). It is believed to arise from the anogenital glands and exhibits both apocrine and eccrine differentiation, with the former being more common (5). Although dermoscopy is a useful tool for vulvar HP, there are no clearly defined macroscopic criteria for vulvar HP (6). It usually presents itself as a solitary, slow growing (size range: 2 mm–3 cm), painless nodule/tumour on the labia majora/minora/sulcus between them or in the perianal area. Skene duct cysts, epidermal inclusion cysts, seborrheic dermatitis, acrochordon (fibroepithelial polyp), fibroma, fibromyoma, dermatofibroma, lipoma, syringoma, hemangioma, lymphangioma, angiokeratoma, pyogenic granuloma, papillomatosis, varicose veins and malignancy could be considered among the clinical differential diagnoses. The tumour usually has a good prognosis. Infrequently, it may harbour a malignant or premalignant lesion such as vulvar invasive squamous cell carcinoma, Paget's disease and melanoma.

When an adult female presents a nodular lesion in the anogenital area, hidradenoma papilliferum should be kept in mind along with other conditions such as sexually transmitted diseases and other benign and malignant tumours. The diagnosis is made by histopathological examination. The absence of a macroscopic image, for the case we requested to report after the pathological diagnosis was made, is the limitation of our study. The sample taken is necessary for both diagnosis and treatment.

**Peer Review:** Externally peer-reviewed.

**Bilgilendirilmiş Onam:** Katılımcılardan bilgilendirilmiş onam alınmıştır.

**Author Contributions:** Conception/Design of Study- A.A., D.K., Y.A.K., Ö.T.G.; Data Acquisition- A.A., D.K., Y.A.K.; Data Analysis/Interpretation- A.A., Y.A.K.; Drafting Manuscript- A.A., D.K., Y.A.K., Ö.T.G.; Critical Revision of Manuscript- A.A., D.K., Y.A.K., Ö.T.G.; Final Approval and Accountability- A.A., D.K., Y.A.K., Ö.T.G.

**Conflict of Interest:** Authors declared no conflict of interest.

**Financial Disclosure:** Authors declared no financial support.

**Hakem Değerlendirmesi:** Dış bağımsız.

**Informed Consent:** Written consent was obtained from the participants.

**Yazar Katkıları:** Çalışma Konsepti/Tasarım-A.A., D.K., Y.A.K., Ö.T.G.; Veri Toplama- A.A., D.K., Y.A.K.; Veri Analizi/Yorumlama- A.A., Y.A.K.; Yazı Taslağı- A.A., D.K., Y.A.K., Ö.T.G.; İçeriğin Eleştirel İncelemesi- A.A., D.K., Y.A.K., Ö.T.G.; Son Onay ve Sorumluluk- A.A., D.K., Y.A.K., Ö.T.G.

**Çıkar Çatışması:** Yazarlar çıkar çatışması beyan etmemişlerdir.

**Finansal Destek:** Yazarlar finansal destek beyan etmemişlerdir.

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