



HIDRADENOMA OF THE PINNA: A RARE CASE REPORT

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INTRODUCTION

Hidradenoma is a rare tumour of ceruminous glands of the external auditory meatus and pinna, which as modified apocrine sweat glands normally produce secretion, a constituent of cerumen.^[1] Ceruminous glands are localized deep in the skin mostly in the cartilaginous part of the ear.^[2] Tumors arising from the epithelial cells of sweat glands of the external ear can present a diagnostic dilemma because of their varied

clinical and histologic manifestations and variable nomenclature used to describe these tumors. These terms do not suggest a specific diagnosis, clinical behavior, treatment alternatives and long-term clinical outcome.

It is important to separate benign from malignant sweat gland tumors. Hidradenomas are classified histologically as: adenoma, pleomorphic adenoma, adenoid cystic carcinoma and adenocarcinoma.^[3] This classification aids treatment and prognosis. Very often chronic middle or external ear inflammation mimics the tumor.^[4] Some malignant hidradenomas develop from their benign counterparts. The most often symptom of hidradenomas of the ear is the unilateral conductive hearing loss and other symptoms of this tumor like the pain or ear discharge can result from external otitis secondary to ear canal obstruction.

These tumors are characterized by rare occurrence and controversial histogenesis. The initial diagnosis is clinical, followed by histopathological confirmation. Cerumen pigment, CK7 and p63 can help to distinguish hidradenoma from other neoplasms that occur in this region.^[5] Patients mostly present clinically with a mass of the outer half of the external auditory canal or on the pinna and the most often symptoms are the unilateral conductive hearing loss, ear pain, ear discharge and external otitis secondary to the meatus obstruction. The aim of

presenting this case is to describe clinical features, diagnostic procedures and surgical treatment of hidradenoma of the pinna.

CASE REPORT

The case of 31 year old female with hidradenoma of auricle is reported. The tumor of pinna (Figure 1) was presented by ear pain and mass for one year. The patient had previous history of surgery in a regional hospital for the same complaints 2 years ago. Excision of the mass was done which was followed by recurrence in the same region since 1 year (figure 1). FNAC of the swelling was done which showed ceruminous adenoma. The excision of tumour was planned under general anaesthesia. Wide tumor excision was performed (figure 2).



Figure 1: Mass in the auricle



Figure 2: Wide tumor excision

The mass was adherent to the underlying cartilage which had to be partially excised (figure 3) and the skin over the posterior surface of auricle was freshened which would act as a bed to the graft keeping the shape of auricle intact (figure 4).



Figure 3: Cartilage partially excised



Figure 4: Keeping the shape of auricle intact

In the same sitting reconstruction of the pinna was performed with the split skin graft taken from anterior part of thigh (figure 5,6).



Figure 5: Split skin graft taken from anterior part of thigh



Figure 6: Reconstruction of the pinna

The excised specimen was sent for histopathological examination. The coverage of the defect was satisfactory. One month after the surgery there was no sign of recurrence (figure 7). The wound was healthy with good uptake of graft (figure 8). The histopathology report showed benign hidradenoma of pinna (figure 9).



Figure 7: No sign of recurrence after one month



Figure 8: Healthy wound with good uptake of graft

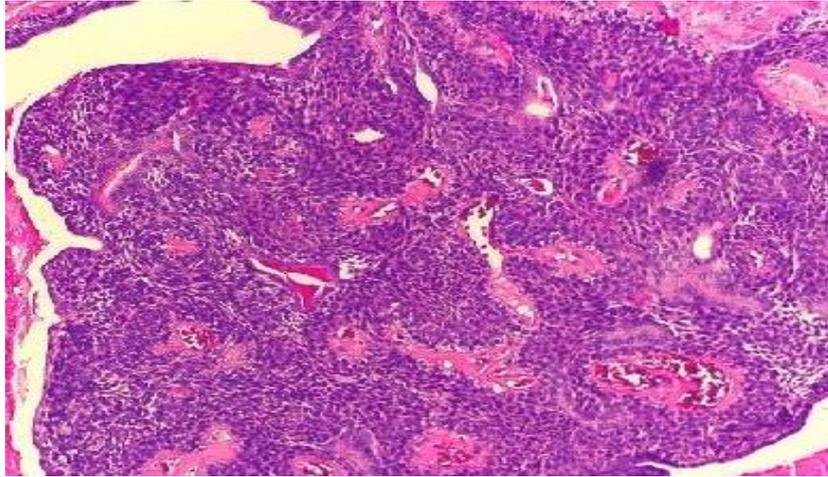


Figure 9: Histopathology showed benign hidradenoma of pinna

DISCUSSION

Hidradenoma is a rare ear tumor arising from the epithelial cells of sweat glands of the external auditory canal and pinna. It can cause diagnostic dilemma because of their varied clinical and histologic manifestations. Hidradenomas do not present with clinical characteristics that allows differentiation from other ear canal tumors on the basis of the clinical and macroscopic findings. Clinical diagnosis is difficult and any lesion which shows evidence of enlargement should be confirmed by histological evaluation. Although this rare benign tumor has the potential of local recurrence and malignant transformation, it is commonly reported in the oncology literature, with limited clinical information.^[5]

Every tumor arising from the pinna should be examined histologically and immunohistochemically in order to choose the best treatment option. Malignant hidradenomas in contrast to the benign forms, tend to invade the surrounding tissue and have a high incidence of recurrence and distant metastasis.^[6] Incomplete excision of the tumor leads to the recurrence.^[7] After complete excision of the tumour along with adherent cartilage from the cavum concha, the reconstruction with split skin graft was performed to cover the exposed cartilage of the Pinna. This surgical technique was chosen with the objective of removing the entire lesion with preservation of the shape of the auricle.

CONCLUSION

Hidradenomas are the rare tumours of external ear. The possibility of sweat gland tumors should be considered in the differential diagnosis of ear tumors to ensure early detection and treatment. Radiological evaluation and pathohistology confirmation is necessary and wide excision of tumor is the treatment of choice.

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