CASE STUDY

Eccrine Hydrocystoma of the External Auditory Canal

Hidrocistoma ecrino en conducto auditivo externo

Matilde Haro-García,* Tania Corzón-Pereira, José M. Morales-Puebla, Teresa Figueroa-García

Servicio de Otorrinolaringología, Hospital General Universitario de Ciudad Real, Ciudad Real, Spain

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Clinical Case

A 36 year old woman presenting with a one year history of a 1.5 cm diameter tumour in the left external auditory canal (EAC), which was reddish-blue in colour, and cystic in appearance (Fig. 1). We suspected that this was a basal cell carcinoma of the EAC. A CAT scan of the petrous portion was requested prior to surgical intervention to assess tumour spread. The tumour was limited to the EAC with no bony erosion. Excision of the lesion was performed using an endaural approach. Anatomopathological study ruled out basilioma and revealed a cystic formation with an eccrine type double layered epithelial sheath (Fig. 2 A and B) compatible with eccrine hydrocystoma.

Discussion

Hydrocystomas are cystic proliferations of the sweat glands with apocrine or eccrine differentiation. Apocrine hydrocystomas originate from the secretory portion and the excretory duct of the eccrine sweat glands.

Eccrine hydrocystomas are classified into 2 types depending on the number of lesions: solitary, called Smith and multiple, called Robinson.1,2 They are located in the face and neck (periorbital region and scalp),3 exceptionally in the pinna and the EAC.4-6 Their aetiology is unknown. They exacerbate with high temperatures and disappear with cold.1,2 They appear to be associated with certain syndromes such as Goltz-Gorlin syndrome.7


* Corresponding author.
E-mail address: matihar1982@hotmail.com (M. Haro-García).
At present, there is no effective treatment for eccrine hydrocystomas. In the case of the solitary type, total surgical extirpation is the most viable option, but the multiple variety offers greater treatment challenges due to its high level of recurrence.\textsuperscript{5-7}

Hydrocystomas are infrequent cutaneous lesions, it is very rare for them to be located in the auricular region.\textsuperscript{5-9}

Revised literature only reports 2 further cases of eccrine type hydrocystomas in EAC.\textsuperscript{5,6}

**Conflict of Interests**

The authors have no conflict of interests to declare.

**References**


They present as a papular or nodular firm cystic lesion with a smooth surface and bluish.\textsuperscript{2} Anatomopathological study revealed a double layer of epithelium cells. The cysts had no connection with the epidermis.\textsuperscript{1}

Differential diagnosis of solitary eccrine hydrocystomas mainly includes the apocrine\textsuperscript{8} hydrocystoma and cystic and pigmented basal cell carcinoma.

**Figure 2** (A and B) Histological sections showing the characteristic double layer sheath of epithelial cells.