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Short Communications

Eccrine hidrocystoma: Can dermoscopy replace skin biopsy?

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Abstract

Cosmesis is a major concern in facial lesions, and invasive diagnostic procedures may cause patient apprehension. In such cases, non-invasive techniques like dermoscopy can aid in confirming diagnoses. We present the case of a 45-year-old female with an asymptomatic, skin-colored cystic lesion on the face that had persisted for four years with seasonal exacerbation. Despite biopsy being the gold standard, non – invasive diagnostic tool such as dermoscopy which has gained significant attention in dermatology can be used. This case emphasizes dermoscopy as a valuable non-invasive tool, offering an alternative to skin biopsy, especially for facial lesions where cosmesis is crucial.

Keywords: Eccrine tumour, Dermoscopy, Skin biopsy, Cosmesis.

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Cosmesis being the greatest concern in almost every case especially when there is involvement of face, use of invasive diagnostic procedures can create apprehension among few patients. In such situations, non-invasive techniques like dermoscopy can aid the clinicians in confirming the clinical diagnosis.

A 45-year-old female presented with a skin-colored, asymptomatic, cystic lesion over the face for four years, with summer exacerbation. Clinically, a single, dome-shaped, smooth cyst measuring 2–3 mm in diameter on a clear base over the left nasolabial fold was noted along with multiple similar flesh-colored papules adjacent to the cystic lesion. (**Figure 1A**)

Though biopsy remains the gold standard for confirmation, taking cosmesis into consideration, biopsy was denied by the patient. Dermoscopy revealed a well-demarcated, cystic, milky-white lesion with telangiectasia on the surface. (**Figure 1B**) Based on the above-mentioned findings, a diagnosis of eccrine hidrocystoma was made. Minimally invasive radiofrequency removal was planned and on puncturing, clear fluid gushed out of the cystic cavity.

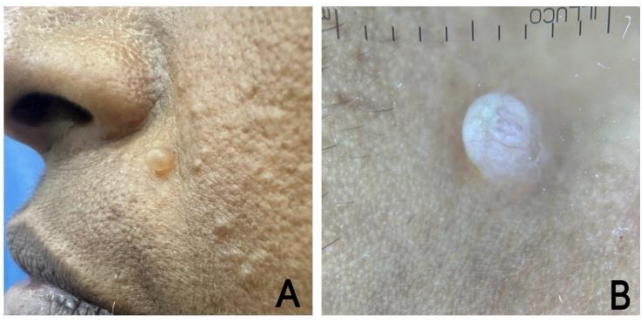

Figure 1: A: Clinical image showing skin-coloured, cystic lesion over the left nasolabial fold; **B:** Dermoscopic image showing well demarcated cystic milky white lesion with telangiectasia. (Polarised mode, 10x magnification)

Collective evidence of limited literature on dermoscopic features of eccrine hidrocystoma showed “reddish purple areas with linear or hairpin-like vessels and polymorphous vascular pattern”, “irregular scar-like whitish areas”, “central homogenous bluish-purplish area with a peripheral halo”, “vessel-free cystic lesions” and “milky ovoid lesion in a lentiginous background”.[1] In addition, *Pradeep Kumar et al.*,

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was the only author who reported “telangiectasia” concurrent with the current study.[2]

Most common clinical differential is apocrine hidrocystoma which does not show any seasonal exacerbation. Other differentials include vellus hair cyst, eruptive syringoma, comedonal acne and milium.

Familiarity in handling non-invasive modalities like dermoscopy could help clinicians alleviate the trepidation of an unwanted cosmetic outcome brought in by modalities like biopsy, involving cosmetically sensitive areas. With only few reports on dermoscopic features of eccrine hidrocystoma, this report hopes to enlighten the possible dermoscopic features and the use of dermoscopy as an alternative diagnostic tool.

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Conflicts of Interest

None.

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