A pinkish nodule on the vertex: What's your diagnosis?

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CASE REPORT

A 71-year-old man presented to our dermatology department with a slightly painful nodular lesion over the scalp for 1 year. The size of the nodule had gradually increased recently. He had no personal or family history of skin disease or other systemic disorders. Cutaneous examination showed well-circumscribed and tender sessile pinkish nodule measuring 2 cm over the vertex of the scalp (Fig. 1). It was firm in consistency and we noticed an infiltrated area surrounding the lesion. Dermoscopic examination showed a well-defined nodule composed of white structures, pinkish and yellowish homogeneous areas, linear irregular vessels and arborizing telangiectasias (Figs. 2 and 3). The lesion was completely excised.

HISTOLPATHOLOGY

Histopathological examination showed well-circumscribed intradermal tumor with a lobular arrangement of uniform and clear cells, ductal structures, and cystic spaces (Figs. 4 and 5).

WHAT'S YOUR DIAGNOSIS?

Answer: Nodular Hidradenoma

Nodular Hidradenoma (NH) is a rare benign adnexal neoplasm of either eccrine or apocrine differentiation from sweat glands that is commoner in adults than in children [1,2]. It's a challenging diagnosis because of clinical heterogeneity. NH is more commonly seen in women with an average age of 30 to 40 years. The most common site is the head [3]. Clinically, NH usually

Figure 1: A well-demarcated and firm, exophytic pinkish nodule measuring 2 cm over the vertex of the scalp.

Figure 2: Dermoscopy image of nodular hidradenoma. Note white structures(*), pinkish and yellowish homogeneous areas(#), linear irregular vessels and arborizing telangiectasias (→).

presents as a solitary slow-growing pinkish nodule which is well-circumscribed, firm, non-tender and

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Figure 3: Dermoscopy image of nodular hidradenoma. Note white structures(*), pinkish and yellowish homogeneous areas(#), linear irregular vessels and arborizing telangiectasias (→).

Figure 4: Low-power view of a circumscribed dermal tumor nodule Hex40.

involving the scalp, neck, trunk, and extremities [4]. Dermoscopy can be useful. Dermoscopic features include pinkish or bluish homogeneous areas with vascular and white structures [5]. Histological examination confirmed the diagnosis by showing a circumscribed but unencapsulated tumor composed of lobulated and cystic masses of cells mainly located in the upper or mid dermis [3]. The best treatment for

Figure 5: High-power view showing uniform cells with eosinophilic cytoplasm admixed with few clear cells HEx100.

NH is surgical excision. Although NH is a benign skin lesion, long term follow-up of patients is required to detect possible recurrence that may be transformed to malignant NH [6].

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