



## Hidradenoma Papilliferum of the Vulva: Is Histopathology Required?

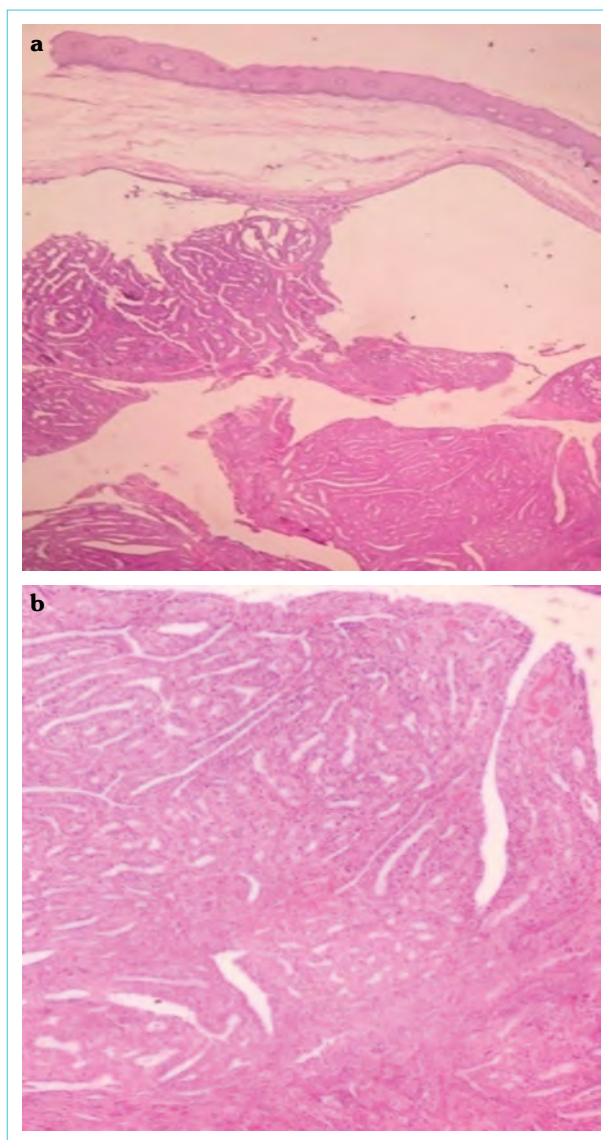
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Hidradenoma papilliferum, or papillary hidradenoma, is a rare, typically benign, skin tumor that usually occurs on the labia majora, interlabial sulcus, clitoris, posterior fourchette, pubis, perineum, or the anal region (1). Less often, it may also be seen in ectopic extragenital sites, such as the arm, head and neck, eyelid, external ear canal, or the breast. The size of the tumor may be millimeters to centimeters. Clinically, it appears as a firm nodule, sometimes ulcerating and mimicking a malignant growth. Histogenetically, the tumor was thought to be an apocrine sweat gland tumor, but newer studies have hypothesized that it may originate from an anogenital, mammary-like gland. Estrogen receptor-positivity suggests that a papillary hidradenoma is controlled by ovarian steroid hormones. The diagnostic significance arises because of its possibility for malignant change. Adenosquamous and squamous cell carcinoma have been reported. Microscopy will reveal that the tumor lies in the dermis layer, beneath the epidermis, and has a papillary structure composed of a fibrovascular stalk lined with double layers of myoepithelium and a columnar cell layer (2).

A 27-year-old, primiparous female presented with a labial growth measuring 1.5x1x1 cm in size that had been present for 6 months. It was a firm and painless growth, without inguinal lymph node enlargement. The differential diagnosis included epidermal inclusion cyst, mucus cyst, sebaceous cyst, vulval varicosities, elephantiasis vulvae, endometriosis, pyogenic granuloma, adnexal tumor, lipoma, neurofibroma, and malignancy (3).

Examination of the excised labial growth showed stratified squamous epithelium with underlying fibrocollagenous stroma and a cystic space. A papillary fold projected into the cystic space along with a lobular proliferation of glands with a double-layer lining (Fig. 1a). Examination of the inner layer indicated apocrine secretory changes (Fig. 1b).

When an adult women presents with a vulval nodule, papillary hidradenoma should be kept in mind



**Figure 1.** (a) Hematoxylin and eosin-stained section of hidradenoma papilliferum of the vulva supported and surrounded by a fibrous capsule (x40). (b) Hematoxylin and eosin-stained section of hidradenoma papilliferum of the vulva showing a papillary fold with a benign double-layer arrangement of glands and inner layer with apocrine secretory changes (x100)

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along with other benign and malignant lesions of vulva for the diagnosis. Histopathology should be performed for any excised vulval growth; it is necessary to diagnose papillary hidradenoma and to rule out differential diagnosis.

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