

A Rare Case of Hideradinoma Papilliferum in A Young Female

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I. Introduction: -

Hideradinoma Papilliferum (HP) is an uncommon benign neoplasm typically presents in the anogenital region of 30 to 49 years old females. Rarely it can be seen over the head and over modified apocrine glands area such as breast, external ear canal, and eyelids. In these cases, it is referred to as Ectopic Hideradinoma Papilliferum. (2). It usually arises from mammary like glands or apocrine glands, in middle aged females. It has histopathological similarities to intraductal papilloma of breast. Clinically It presents as an isolated dermal or subcutaneous nodule which is said to have no connection to the epidermis. Interestingly the lack of communication with the overlying epithelium is accepted by some as criteria for diagnosis. (5) It usually presents as a firm, flesh to red- coloured nodule in the anogenital area (1). The nodule is composed of tubules and papillary structures arranged in a frond like pattern. (6)

Histopathologically, it shows as a partly solid or solid cystic dermal lesion with anastomosing papillary structures and tubules as well as some glandular areas. The epithelial lining consists of an inner layer of columnar cells with decapitation secretion in the lumen and frequently an outer myoepithelial layer. Tumor has got a good prognosis and malignant transformation is very rare (3). Usually it is a benign tumor but rarely a malignant transformation to adenosquamous carcinoma and adenocarcinoma has been reported. It has been seen that certain high risk variants of HPV may play a role in malignant transformation of HP. That is why complete excision of these lesions is recommended.

II. Case Report

A 33 Years old unmarried, sexually active female, whose weight was 77.5 kg, presented in outpatient department with complaint of, a small swelling over perineum for last 8 months. The swelling has been growing very slowly. It was not associated with any other complaint like pain, itching, bleeding or any discharge from the swelling. Her menstrual cycles were regular.

During these 8 months time, before visiting me, she took various antibiotics like Azithromycin 500mg OD for three days and Cefixime 200mg BD for 5 days along with NSAIDs and local Betadiene ointment but swelling remained same after all these treatments. It has neither increased or decreased in size. On my examination in OPD her vitals were within normal limits and she was afebrile.

On physical examination a (1×1) cm, well circumscribed red nodule was seen on the lowest part of inner aspect of Rt labium majora. Nodule was partially open at the top. It was soft to firm on touch, non tender and fixed. On squeezing the nodule a friable, red papilliferous growth seem to be coming out of the opening of the nodule, which was bleeding on touch. Some parts of this friable growth collected in an outpatient basis and sent for histopathology examination. Patient was given oral antibiotics – Cefixime BD for 5 days, NSAID with Serratiopeptidase for 5 days and betadiene ointment for local application.

Her Histopathology report came out to be HIDERADINOMA PAPILLIFERUM of Vulva.

After that she was posted for surgery and complete wide local excision of the nodule was done under proper anaesthesia. Postoperative period was uneventful and patient was discharged within a day. Postoperatively samples were sent for histopathology examination again and report was confirmatory for Hideradinoma Papilliferum of Vulva. After discharge wound healing was very good and patient is presently doing well on follow up.

Histopathological features of this particular lesion were that tumor was composed of papillary and cystic areas with two types of epithelia, consisting of inner luminal layer of tall, columnar cells with eosinophilic cytoplasm, decapitation secretion and small, round nuclei. Underlying layer was thin and composed of cuboidal myoepithelial cells. There was no evidence of pleomorphic mitotic activity or necrosis.

III. Discussion

Hideradinoma Papilliferum presents as a very slow growing tumor in the above mentioned areas. In contrast to anogenital Hideradinoma Papilliferum which is mostly seen in females, nearly one half of the patients with ectopic Hideradinoma Papilliferum are men. The head and neck are most common sites for ectopic Hideradinoma Papilliferum. Sometimes they are also found on the scalp. Most of the times these are asymptomatic and are misdiagnosed as epidermoid cysts, sebaceous cysts or furuncles. Due to less awareness and improper diagnosis patients keep on suffering for a longer period of time and the definitive treatment is delayed or in most of the cases it is not achieved. When an adult female presents with a nodular lesion in anogenital area Hideradinoma papilliferum should be kept in mind along with other conditions such as sexually transmitted lesions, epidermoid cycts, carbuncles and other benign and malignant tumors.(5)

Usually these patients present with an history of slow growing small nodule of less than 1 cm in diameter or it may be an incidental finding on routine gynecological examination. In 10 to 30 percent of cases these tumors can present with ulceration and some discharge from the surface of the nodule. In some nodules from the ulcerated open surface red flesh coloured frond like structures can be seen , while squeezing the lesion. Diagnosis can only be made by histopathological examination of these frond like structures since they clinically mimic other common cutaneous lesions . According to available literature HP has estrogen and progesterone receptors, possibly providing an explanation for its female prevalence.

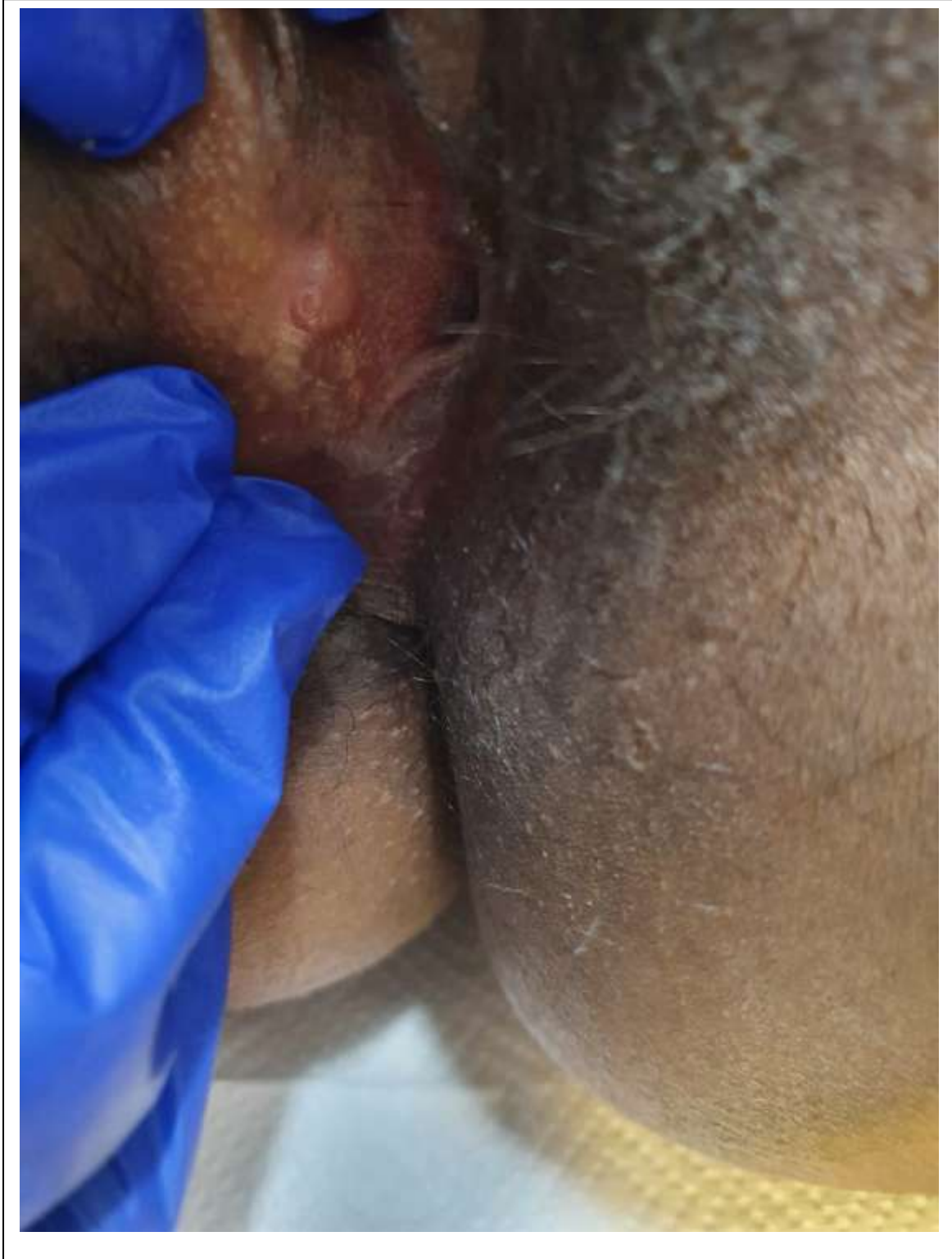
The only definitive treatment of Hideradinoma Papilliferum is complete wide excision of the nodule. Recurrence after surgery is only possible with incomplete excision in these tumors

IV. Conclusion

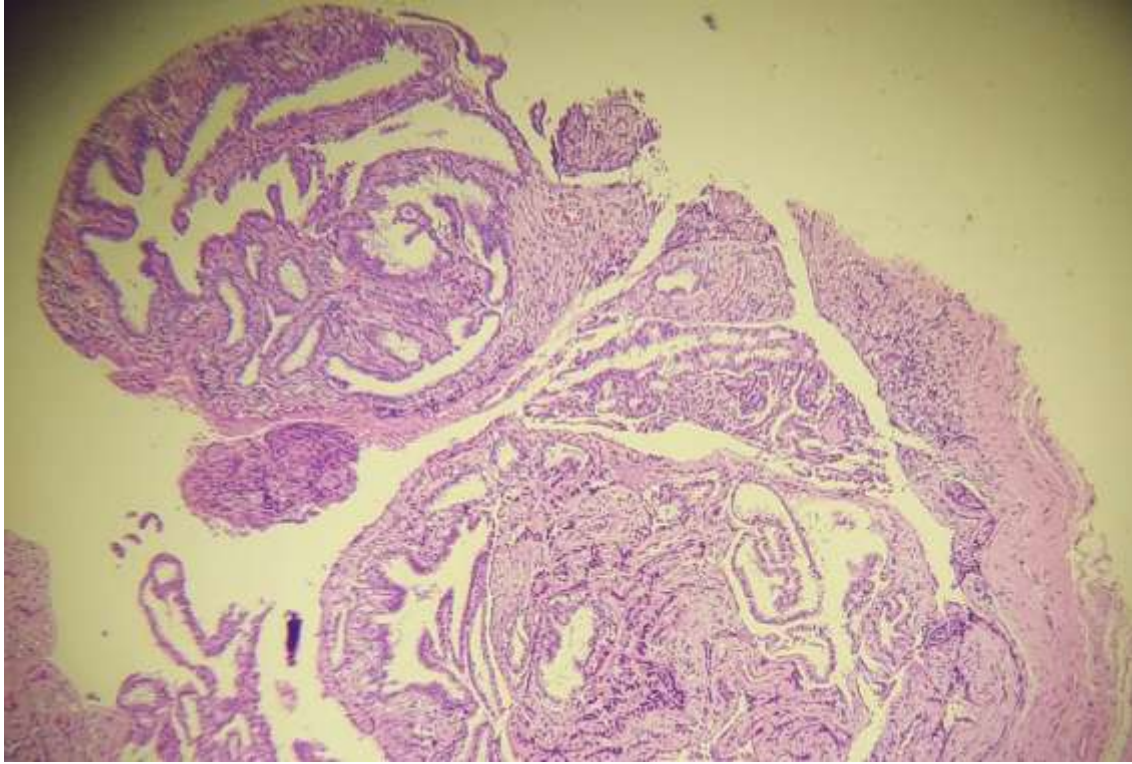
The main aim to report this case is to create awareness regarding this particular lesion. Due to lack of awareness and improper diagnosis patients keep on suffering for a longer period of time and the definitive treatment is delayed in most of the cases.

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This picture has been taken on OT table just before excision of the lesion. Biopsy already been taken 15 days prior. that's why the lesion appears smaller.



HISTOPATHOLOGICAL PICTURE OF THE LESION.

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