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Case Report: An Uncommon Presentation of Hidrocystoma in the Pinna: A Case Report and Review of the Literature

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Abstract: ***Background: Hidrocystoma is a rare benign cystic tumor arising from eccrine or apocrine sweat glands. While it commonly occurs on the eyelids and face, involvement of the pinna is exceedingly uncommon and can mimic other benign auricular lesions. Case report: A patient presented with a painless 2 × 2 cm blackish swelling over the superior aspect of the left pinna for three months. There was no pain, discharge, or rapid increase in size. Clinical examination revealed a firm, non-tender, non-mobile, non-compressible, non-transilluminant, and non-pulsatile lesion. Bilateral external auditory canals and tympanic membranes were normal. Complete excision under local anesthesia was performed. Histopathological examination confirmed the diagnosis of hidrocystoma. Conclusion: Hidrocystoma of the pinna is an exceptionally rare benign lesion that may pose a diagnostic challenge due to its nonspecific clinical presentation. Complete surgical excision followed by histopathological examination remains the gold standard for definitive diagnosis and treatment, with an excellent prognosis and minimal risk of recurrence.***

Keywords: Hidrocystoma, Pinna (Auricle), Histopathology

1. Introduction

Hidrocystoma is a rare benign cystic tumor originating from eccrine or apocrine sweat glands. It commonly affects the eyelids and face, while involvement of the pinna is exceptionally uncommon. Because of its rarity and nonspecific clinical appearance, it is often mistaken for other benign auricular lesions, requiring histopathological confirmation.[1-5]

History of Present Illness:
A patient presented with a painless swelling over the superior aspect of the left pinna for three months. The swelling insidious, gradually progressive with blueish hue without altered sensation over the affected area and without any sudden enlargement. There was no history of pain, discharge, bleeding, trauma, fever, hearing loss, or similar swellings elsewhere in the body. The patient had no known comorbidities or previous surgery involving the ear.

Figure 1: Image showing the swelling over the left pinna.

Clinical Examination
General examination was unremarkable. Local examination revealed a solitary 2 × 2 cm cystic swelling over the superior aspect of the left helix. The lesion was firm, non-tender, non-mobile, non-compressible, non-transilluminant, and non-pulsatile. Bilateral preauricular and postauricular regions were normal. External auditory canals were clear, tympanic membranes were intact, and no other swellings were identified.

Investigations
- **Detailed ENT examination:** Within normal limit
- **Audiometry:** Bilateral hearing sensitivity within normal limits except for mild loss at 8kHz.
- Routine preoperative hematological investigations were within normal limits.
- Based on clinical findings, excision biopsy under local anesthesia was performed.
- **Histopathological examination** demonstrated features consistent with hidrocystoma, confirming the diagnosis.

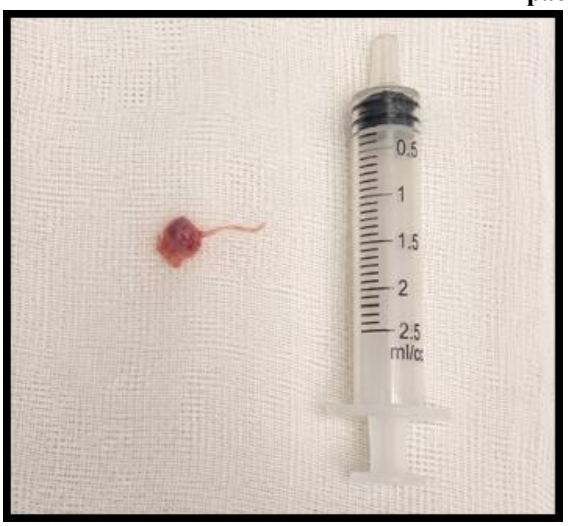

Figure 2:(A) Gross specimen of the excised pinna lesion following complete surgical excision under local anesthesia

Figure 2: (B) Excised specimen preserved in a formalin container and submitted for histopathological examination

2. Discussion

Hidrocystoma is a benign cystic adnexal tumor arising from eccrine or apocrine sweat glands. Although commonly found on the eyelids, occurrence in the pinna is exceedingly rare. Clinically, it resembles epidermoid cysts, sebaceous cysts, hemangiomas, or other benign auricular masses, making diagnosis difficult.[2]

Histopathological examination remains the gold standard for diagnosis. Complete surgical excision is both diagnostic and curative, with excellent prognosis and low recurrence when the lesion is completely removed.[1]

3. Conclusion

Hidrocystoma should be considered in the differential diagnosis of painless cystic lesions of the pinna despite its rarity. Clinical diagnosis alone may be misleading. Complete surgical excision followed by histopathological examination confirms the diagnosis and provides definitive treatment, resulting in an excellent prognosis with minimal risk of recurrence.

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