Dermatology Practical & Conceptual

Dermoscopy as an Aid in the Differentiation of Recurrent Eyelid Basal Cell Carcinoma Versus apocrine Hidrocystoma

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Case presentation

An 80-year-old man was referred for a new eyelid papule in proximity of a scar from a previously excised basal cell carcinoma (BCC) (Figure 1). Based on naked-eye examination, recurrent BCC was suspected, and surgery was performed. The histopathological features were consistent with apocrine hidrocystoma (AH).

Teaching point

AH is a benign cystic lesion of the apocrine glands usually found on the head and neck, particularly periocular [1]. When arising in or around scars of patients with previous BCC, diagnosis becomes challenging. Dermoscopy might be a helpful tool. Our patient prior BCC showed eyelash destruction, in-focus arborizing telangiectasias[2] and blotches and strands on dermoscopy (Figure 1, A and B) [2]. AH, on the other hand, was clinically similar but on dermoscopy it had translucent homogenous areas, linear whitish structures, and no eyelash involvement, as previously reported in literature (Figure 1, B-F) [1,2]. Dermoscopy might help differentiate recurrent BCC from other adnexal tumors, potentially avoiding unnecessary procedures.

Figure 1. A 80-year-old man referred for a new eyelid papule in proximity of a scar from a previously excised basal cell carcinoma. (A) Pearly papule with eyelash destruction. Histopathology confirmed a basal cell carcinoma. (B) Dermoscopy showing eyelash destruction, in-focus arborising telangiectasias, and blotches and strands (polarized dermoscopy, x10). (C) Homogeneous skin colored papule near previous scar. Histopathology confirmed an apocrine hidrocystoma. (D) Dermoscopy showing no eyelash involvement and linear whitish structures (polarized dermoscopy, x10). (E) Dermoscopy showing translucent homogenous area and no eyelash involvement (non-polarized dermoscopy, x10). (F) Surgery of the new eyelid papule. Histopathology confirmed an apocrine hidrocystoma.

References

1. Zaballos P, Banuls J, Medina C, Salsench E, Serrano P, Guionnet N. Dermoscopy of apocrine hidrocystomas: a morphological study. *J Eur Acad Dermatol Venereol.* 2014;28(3):378-381. DOI: 10.1111/jdv.12044. PMID: 23198900.
2. Williams NM, Navarrete-Dechent C, Marghoob AA, Abarzua-Araya A, Salerni G, Jaimes N. Differentiating basal cell carcinoma from intradermal nevi along the eyelid margin with dermoscopy: A case series. *J Am Acad Dermatol.* 2021;84(1):173-175. DOI: 10.1016/j.jaad.2020.04.059. PMID: 32330634. PMCID: PMC8442835