A 63-year-old woman presented with a long-term history of an asymptomatic nodular lesion on her nose. Her past medical history was not significant, except for diabetes mellitus since a long time ago that was under treatment with oral hypoglycemic agents.

Physical examination revealed an exophitic translucent nodule, 12 mm in diameter, on the base of the nose. Surface telangiectasia was seen on the lesion and there was also scanty serous discharge from the lesion.

An incisional skin biopsy specimen was obtained from the lesion for histopathological evaluation.

What is Your Diagnosis?
See page 153 for the diagnosis
Nodular hidradenoma, also called clear cell hidradenoma and eccrine spiradenoma is an uncommon sweat gland tumor, found mainly in adult females. The lesions are usually solitary and are most likely to be found on the scalp, face or anterior trunk. They are usually covered by intact skin, but some tumors show superficial ulceration and discharge a serous material.1

Histologically, the tumor is composed of lobulated masses located in the dermis and extending into the subcutaneous fat.2 It is composed of two cell types: the polygonal cells, whose glycogen content may give the cytoplasm a clear appearance, and elongated, darker, and smaller cells, which may appear at the periphery. The tumor may be solid or cystic in varying proportions.3 Ultrastructural and enzyme histochemical studies suggest that nodular hidradenoma is intermediate between eccrine poroma and eccrine spiradenoma.2

Histopathological examinations are usually diagnostic for nodular hidradenoma. There is also a report, which suggests that fine-needle aspiration may be a diagnostic alternative for this tumor.4 Overall, the presence of clear cells and foci of keratinization, which are also present in trichilemmoma, may cause difficulty in diagnosis between these two tumors. However, the presence of large cystic spaces and tubular lamina are seen only in nodular hidradenoma.

From the clinical point of view, basal cell carcinoma should also be kept in mind in differential diagnosis, especially when there is surface telangiectasia as in our case.

Most of the malignant forms of nodular hidradenomas are malignant from their inception. However, there are rare reports showing that malignant transformation of nodular hidradenoma is not improbable, especially when there is marked pleomorphism and atypical mitoses.5

In treating nodular hidradenoma, complete primary excision is advocated, but our patient refused this decision.

References