

# Could this vulval lump be malignant?

Commentary by

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**A 46-year-old woman presents after noticing a small lump on the vulva. What is this lesion and could it be malignant?**

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## CASE SCENARIO

Jane, a 46-year-old housewife, presented with a six-month history of a vulval lump that she had first noticed when washing herself. The lump was nontender, 1 cm in diameter and situated on the right labium majus (Figure 1). It had a red spot over the surface and was mobile, but it was not itchy and had not bled. There was no lymphadenopathy in either groin.

The patient's general health was good. She continued to menstruate regularly and had undergone a tubal ligation five years previously. A recent mammogram had been reported as normal and her most recent cervical smear (taken 12 months previously) was also reported as normal. She was not taking any medications.

A general examination was unremarkable and the patient's vital signs were normal. Apart from the vulval lump, her gynaecological examination was unremarkable.

Jane was referred to a gynaecologist, who recommended excision of the lump. This was undertaken three weeks later under general anaesthesia. The lump was completely excised using an elliptical incision without difficulty and the specimen was sent for histopathology (Figure 2). A benign papillary hidradenoma was reported.

Jane made an uneventful recovery from



Figure 1. The small lump located on the right labium majus.

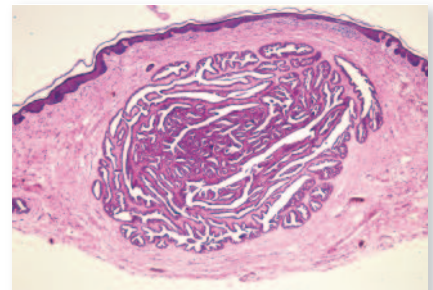


Figure 2. The characteristic histological appearance of a hidradenoma.

surgery and was returned to the care of her GP after being informed of the result of the histopathology.

What is a papillary hidradenoma and its differential diagnoses, and is it always benign?

## COMMENTARY

A papillary hidradenoma is a benign neoplasm of apocrine sweat gland origin and the vulval counterpart of the mammary intraductal papilloma.<sup>1</sup> It forms a subcutaneous mass, usually less than 2 cm diameter, situated on the labia majora, labia minora or interlabial sulci. Papillary hidradenoma uncommonly occurs in the perineum or perianal area. There have been rare reports of lesions found outside the genital area, in the head and neck.

At the time of writing, Professor Jones was Professor of Obstetrics and Gynaecology at The University of Queensland. He was also Executive Director of Women's and Newborn Services at Royal Brisbane and Women's Hospital, Brisbane, Qld.

Papillary hidradenoma can occur in men.

A papillary hidradenoma can be cystic, papillary, fungating, ulcerated or bleeding. Most lesions are painless but they can be tender or itchy. Microscopically, the lesions are circumscribed and are not attached to the overlying skin unless ulcerated. They have a cystic space into which project fibrovascular branching stalks and many tubules and acini lined in two layers by an inner cuboidal or columnar epithelium and an outer layer of myoepithelial cells (Figure 2).

The list of benign differential diagnoses for papillary hidradenoma is extensive. It includes:

- mucinous cysts
- Bartholin's gland and Skene duct cysts
- epidermal inclusion cysts (sebaceous cysts)
- seborrheic keratoses
- fibroepithelial polyps
- fibromas, fibromyomas, dermatofibromas
- lipomas
- syringomas
- haemangiomas
- lymphangiomas
- angiokeratomas

- pyogenic granulomas
- endometriomas
- heterotopic sebaceous glands and sebaceous gland hyperplasia
- papillomatosis.

A papillary hidradenoma is benign but it can be confused for a malignant tumour, especially if the lesion is ulcerated and the protruding vascular papillae appear red and bleed easily. In situ and malignant change is very rare but has been reported.<sup>2,3</sup>

Papillary hidradenoma is treated by local excision.

### KEY POINTS

- If a lesion on the vulva looks abnormal then it probably is. Biopsy or excision is warranted. Despite the fact that this patient's lesion had features of a benign cutaneous neoplasm (it was symmetrical, mobile and not associated with bleeding), consultation with a gynaecologist or dermatologist was appropriate.
- Malignant lesions may initially be nondescript in appearance. Squamous cell carcinoma, basal cell carcinoma and melanoma all occur rarely on the

vulva and all can have the morphology of nonspecific red nodules. **MT**

### REFERENCES

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COMPETING INTERESTS: None.



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