

APOCRINE HIDROCYSTOMA (BLUE CYST) IN THE EXTERNAL AUDITORY CANAL - A CASE REPORT

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ABSTRACT

Hidrocystomas are generally uncommon cystic lesions of the sweat glands. Hidrocystomas arising in the external auditory canal are very rare. According to the histologic characteristics, hidrocystomas have been categorized into two types - apocrine and eccrine. It is quite rare to find an apocrine hidrocystoma originating from the skin of the external auditory canal. The skin of the external auditory canal, just like skin elsewhere in the body, contains several types of adnexal secretory glands, including eccrine (common sweat glands), apocrine (modified sweat glands), and holocrine (sebaceous) glands. The external canal skin also contains ceruminous glands, essentially apocrine glands, which in combination with the sebaceous glands, secretes cerumen. Hidrocystomas treatment is surgical excision using endoscopic ear surgery techniques. An unusual appearance of an apocrine hidrocystoma inside causes occlusion, conductive hearing loss and secondary otitis externa.

KEYWORDS: Hidrocystoma, Apocrine, Eccrine, *kshara lepa*,

INTRODUCTION

The skin of the external auditory canal, just like skin elsewhere in the body, contains several types of adnexal secretory glands, including eccrine (common sweat glands), apocrine (modified sweat glands), and holocrine (sebaceous) glands. The external canal skin also contains ceruminous glands, essentially apocrine glands, which, in combination with the sebaceous glands, create cerumen¹. The balance of secretory functions creates a slightly acidic (pH 6) micro-environment in the ear canal that supports a balanced and healthy skin flora. Several types of solid tumours have been reported to originate from these glands, both benign, such as ceruminous adenomas, and malignant, such as ceruminous adenocarcinomas.²

Cystic masses originating from these secretory glands are rarely seen in the external auditory canal (EAC). Cystic lesions associated with the apocrine glands have been documented in the literature to occur within the eyelid, axillae, and groin. These cysts, also known as apocrine hidrocystomas, occasionally present as bluish masses. Similarly, cystic tumours associated with the eccrine glands or eccrine hidrocystomas are extremely rare in the ear canal, with only a few cases reported in the literature.

Hidrocystomas are rare, benign skin adnexal neoplasms, sometimes presenting as cystic lesions. According to the histologic characteristics and presumed histogenic derivation, hidrocystomas have been categorized into two types (apocrine and

eccrine). Eccrine hidrocystomas present as small, tense, thin-walled cysts, ranging from 1–6 mm in diameter, and can occur as single or multiple lesions. They are found predominantly in adult females, are located mostly on the periorbital and malar regions, and are prevalent in adults between 30 and 70 years of age. Apocrine hidrocystomas arise from the proliferation of apocrine glands and are usually solitary, with a diameter of 3–15 mm. Apocrine lesions are also found mostly on the head and neck and along the eyelid margin near the inner canthus.³

CASE REPORT

A 30 years old lady visited our OPD complaining of a small growth in the outer part of her left auditory canal. On otoscopic examination, a soft, nontender, ovoid, smooth, bluish mass about 0.3mm in diameter was noted partially blocking the left EAC meatus. Her tympanic membrane appeared grossly intact with normal landmarks.



OBSERVATIONS

Total 4 sittings of *apamarga kshara lepa* was done on every alternate day.

The cystic mass size completely reduced after 4th sitting of *kshara lepa* with endoscopic assistance, and the patency of the External auditory canal was maintained

CHIKITSA / TREATMENT GIVEN

→Considering apocrine hidrocystoma based on its signs and symptoms as *karnarbuda*, *kshara lepa* explained as one among the treatment modality of *arbuda* was selected⁴.

→In this case *Apamarga kshara* of *tikshna* variety was used for *kshara lepa*.

→*Ksharalepa* was done on every alternate day for 4 sittings.

→External auditory canal was cleaned using jobson's probe before application of *kshara*.

→Then sufficient quantity of *kshara* to apply on the apocrine hidrocystoma is taken on a spatula and applied on the apocrine hidrocystoma.

→After applying *kshara lepa* cystic mass resembling *pakvajambuphala* and shrinkage of mass will occur.

→After 50 *vakmatrakala*, the applied *kshara* is wiped with cotton swab and *nimbu swarasa* was applied.⁵

without any surgical complications or recurrences.

FOLLOW UP: 15 days

PATHYA-APATHYA:

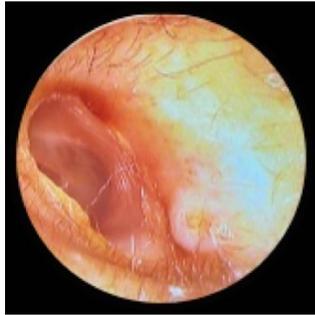
Ahara: Avoid dadhi, cold beverages.

Vihara:

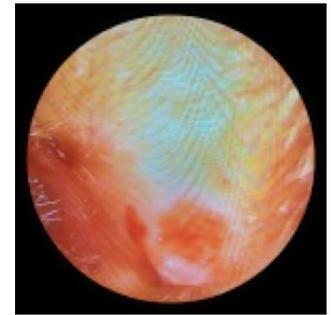
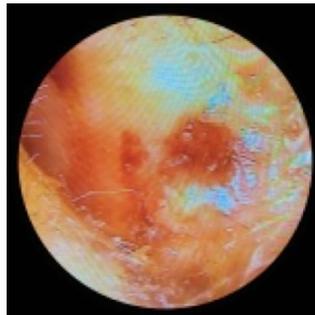
→Avoid ear buds, swimming.

→Practice pranayama.

1ST DAY (1st SITTING)

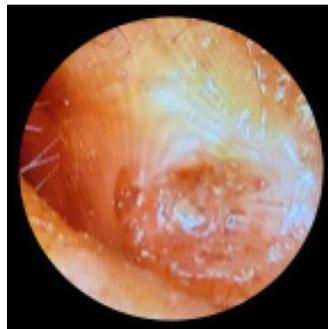
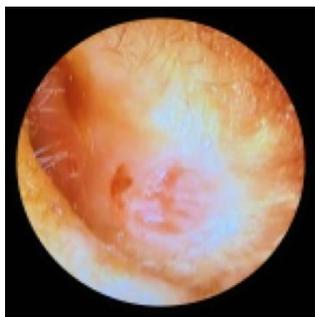


2nd SITTING

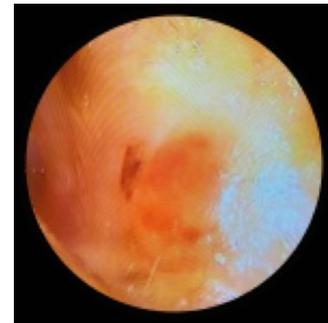


KSHARA LEPA AFTER KSHARA LEPA

3rd SITTING



4th SITTING



DISCUSSION

Hidrocystomas of the external ear canal are rare, benign cystic lesions and are generally categorized as apocrine or eccrine. They usually present as papular or nodular firm cystic lesions with a smooth surface and bluish appearance. The clinical presentation can be variable and is dependent accessible to surgery, alternative treatments exist, such as topical atropine, scopolamine cream, botulinum toxin injection, or CO2 laser ablation⁶. The choice of surgical approach is largely dictated by the tumour location and relationship to surrounding structures. For lesions limited to the external auditory canal, without involvement of the tympanic membrane or mastoid, endoscopic trans canal approaches are becoming increasingly popular. The advantage of an endoscopic approach is superior visualization of the

tumour due to the wide-angle view provided by the Hopkins rod endoscope.

In this case, treatment was planned as *Pratisarana kshara karma*, that has been proved very effective in the treatment of unhealthy or undesirable growth of body tissues, and is being practiced widely. Local application of *kshara* cauterizes cystic mass directly because of its corrosive nature. Thus, produces shrinking effect on cystic mass.⁷

CONCLUSION

While hidrocystomas are generally uncommon cystic lesions of the sweat glands, it is quite rare to find an apocrine hidrocystoma originating from the skin of the external auditory canal. The slow growing nature and smooth, solitary, cystic appearance, in addition to the bluish tint, can provide valuable diagnostic clues. Complete

excision with no margins is curative and can be done via a transcanal endoscopic approach.

In this present case report, *apamarga* (*Achyranthus aspera* Linn.) *kshara*, one among the best *ksharas*, was locally applied on the apocrine hidrocystoma to find out its efficacy and adverse effects. It has given excellent results in the treatment of apocrine hidrocystoma. This effectiveness of *kshara* application can be attributed only to the potency of the particular content. *kshara* application is the best one, taking into the consideration of its convenience, easy adoptability, cost-effectiveness, and curative results. Accordingly, the *Apamarga kshara* is said to be very useful in treating the apocrine hidrocystoma locally.

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