



DERMOSCOPY AND SKIN IMAGING

DERMOSCOPY OF HIDROACANTHOMA SIMPLEX MIMICKING CLEAR CELL ACANTHOMA

D Seckin⁽¹⁾ - S Ayva⁽²⁾

Baskent University, Faculty Of Medicine, Department Of Dermatology, Ankara, Turkey⁽¹⁾ - Baskent University, Faculty Of Medicine, Department Of Pathology, Ankara, Turkey⁽²⁾

Background: Hidroacanthoma simplex (HS) is a rare benign intraepidermal neoplasia that arises from the acrosyringial portion of the eccrine duct. Lesions usually appear as a sharply demarcated brownish flat or verrucous plaque, which can be misdiagnosed as seborrheic keratosis, Bowen's disease, or other adnexal tumors. Malignant transformation of HS is reported in the literature, therefore local excision is recommended. A few cases with dermoscopical features have been described previously.

Observation: A 65-year-old female patient presented with a 2-month history of pink-tobrown plaque on her left breast. She did not describe any pruritus or pain at the lesion site. There was no previous history of trauma. Dermatologic examination revealed a nontender, 1.5 cmx2cm, well-circumscribed, pink-to-brown-colored, partially verrucous plaque on the left mammary area, 8 cm lateral to the left areola.

Dermoscopically, most of the lesion was composed of vascular structures, mainly dotted and coiled, and some linear ones in a reticular fashion with a pale reddish background. In addition, a few brown globule-like structures with a peripheral brown hue at the periphery of the lesion were observed. Dermoscopical features somewhat mimicked those of clear cell acanthoma.

Excisional biopsy was performed. Histopathology showed well-circumscribed intraepidermal nests composed of small cuboidal epithelial cells which had abundant eosinophilic cytoplasm, monomorphic ovoid nuclei, inconspicous nucleoli, and distinct cytoplasmic margins. There were cystic spaces within lobules of tumor cells. Mitosis was observed in a few cells. Histochemical study revealed intracytoplasmic glycogen accumulation in the tumor cells. Immunohistochemistry showed that the tumor cells were positive for EMA and negative for cytokeratin 7 and 18. The diagnosis was HS.

Key message: Dermoscopic features of our case which resembled those of clear cell acanthoma have not been reported before. The very characteristic dermoscopic features of clear cell acanthoma may not be specific for this tumor.





International League of Dermatological Societies *Skin Health for the World*

