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An uncommon case of eyelid tumour – cyst of Moll

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Abstract:

The Cyst of Moll is a retention cyst of the lid margin apocrine glands. It appears as a round, non-tender, translucent fluid-filled lesion on the anterior lid margin. We report an interesting case of an eyelid tumour, that came to our clinic.

Case Report:

A 68-year-old male, presents with a swelling in the right lower eyelid at the lateral margin, with two years of duration and gradual progression to the current size of 1*0.5cm. The swelling appears cystic in nature, non-tender, with clear margins and translucent in nature. There was no fixation to underlying structures and no palpable lymph nodes in the draining area. The tumour was excised under local anaesthesia and lid reconstruction was done. Histopathology of the specimen confirmed the diagnosis as a cyst of Moll swelling.

Discussion:

Apocrine hidrocystomas also known as cysts of Moll glands are benign cystic tumours that arise from apocrine sweat glands. These swellings are thought to be arising from the dysregulated tumorous growth of the secretory portion of apocrine glands. Clinicians may suspect the diagnosis of apocrine hidrocystoma by the features but the definitive diagnosis must be made histologically.

Apocrine Hidrocystomas are usually found in the head and neck region due to the high concentration of apocrine glands in these regions. These lesions can also present on the upper or lower eyelids, eyebrow, medial or lateral canthi, or around the peri-orbital region.

Apocrine hidrocystomas classically present as a firm, dome-shaped, blue-gray-purple-hued cystic nodule. These lesions are typically mobile upon palpation and they can be translucent with a typical size ranging from 3-15 mm.

Apocrine hidrocystomas do not follow any familial inheritance patterns and have been observed in adults aged 30 to 70 with an equal predilection for both men and women. These tumors rarely present in childhood or adolescence.

Clinically, these lesions may present as same as eccrine hidrocystomas, also epidermal inclusion cysts, mucoid cysts, hemangioma, lymphangioma should be considered in the differential diagnoses.

Additionally, malignant lesions such as amelanotic melanoma and basal cell carcinoma may also present similarly to apocrine hidrocystomas so it's important to have histological assessment of these lesions for correct diagnosis and timely treatment.

Microscopically, apocrine hidrocystomas can appear as unilocular or multilocular cystic lesions composed of two layers. The first layer is the inner cyst wall which is composed of secretory columnar epithelium. The secretory columnar epithelium can consist of a single layer or a double layer of cuboidal-columnar epithelium.

Apocrine hidrocystomas also exhibit papillary projections, which appear in the lumen of the cyst as an outgrowth from the wall. Papillary projections consist vascular connective tissue covered by secretory epithelium.

The most common treatment for apocrine hidrocystoma is surgical excision with narrow margins. After excision, the prognosis is excellent

due to the benign nature of the lesion. Alternate treatments include needle puncture, cyst puncture followed by hypertonic glucose sclerotherapy and include cyst puncture with trichloroacetic acid injection and botulinum toxin A are currently being explored.

Conclusion:

Apocrine hidrocystomas are commonly seen on the head and neck regions, but unusually also present on the eyelid. The treatment includes surgical excision with narrow margins, but histopathological confirmation of the diagnosis is essential to rule out malignancy.

Declaration of patient consent:

The authors certify that they have obtained all appropriate patient consent forms.

In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal.

The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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