Case 7

Zlatko Marušić
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Case History

• 61 year old man
• 3 cm tumour on the shoulder
• Excision
Diagnosis?
Apocrine Gland Cyst with Hemosiderotic Dermatofibroma-Like Stroma

Report of Two Cases

Sergio Gonzalez, MD

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Selected Case From the Arkadi M. Rywlin International Pathology Slide Seminar: Apocrine Gland Cysts With Hemosiderotic Dermatofibromalike Stroma

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**FIGURE 1.** Multiple cysts are surrounded by hemosiderotic histiocytoma tissue, the edge of which is infiltrating the subcutaneous fat.

**FIGURE 2.** Cyst lined by flattened to columnar, apocrinelike cells surrounded by vascular hemosiderotic histiocytoma.

**FIGURE 3.** Higher power view of the columnar, apocrinelike cells surrounded by vascular hemosiderotic histiocytoma with a storiform pattern.
Cyril Fisher: Dermal adnexal cyst with hemosiderotic BFH-like stroma as described, but not yet clear whether this is a defined entity. Nice summary of BFH, thanks, Phil.

Lawrence Weiss: I think it is a bonafide dermatofibroma, and it is associated with an apocrine cyst. Typical dermatofibromas show a relationship with the overlying epidermis, causing hyperplasia, etc., so it is not surprising to be associated with an epithelial cyst. Twenty-nine references on variants of dermatofibroma just show how variable these lesions can be.

Janez Lamovec: Of the three cysts present in my slide, there is only a small one that shows some apocrine type epithelium; most of the epithelial lining is represented by flat to cuboidal and squamous cells. The hemosiderotic histiocytoma-like stroma appears to be reactive.

Thomas Krausz: I feel that the main pathology is a fibrous histiocytoma with entrapment of eccrine appendages leading to cystic change as a result of obstruction. I do not favor a fibrous histiocytoma-like stroma concept. The apocrine features are not entirely convincing.

Juan Rosai: Nice combination of benign cutaneous fibrous histiocytoma and apocrine hidradenoma. The FH component has focal angiomatoid features. It is difficult to figure out which came first, but I have the impression that the basic disease is the fibrous histiocytoma, which perhaps has induced a cystic dilatation of the apocrine ducts due to obstruction.

Christopher Fletcher: I have seen four or five similar cases in the past and, to be honest, have interpreted them somewhat differently. To me, the appearances are those of a haemosiderotic fibrous histiocytoma (dermatofibroma) within the center of which there is some type of inclusion cyst lined mainly by squamous epithelium but focally showing apocrine metaplasia. I have always assumed that this represents an unusual cystic alteration in an entrapped skin adnexal structure, and I have never thought of the cystic component as the primary ‘event’. In cases such as this, one can always see fibrous histiocytoma-type tissue all the way around the cyst, as is pretty much evident in this particular case as well. Perhaps the dermatopathologic experts in our group can provide greater insight.
Liz Montgomery: Seems like much ado about nothing.
FIGURE 3. Case 1: apocrine glandular structures, immersed within DF cells.
FIGURE 4. Case 1: glandular structures showing an inner lining of mature columnar epithelium. Immunohistochemical staining for p63 highlighted scattered myoepithelial cells (inset).
BFH induction phenomenon

• Epidermal hyperplasia (‘dirty fingers’)
• Follicular induction
• Sebaceous hyperplasia
• Apocrine induction ?
Many thanks to prof. Marina Kos!!