

Clinical Image

An Unexpected Hemorrhoidectomy Lesion

Ryan Yu^{1*}, Samih Salama^{1,2} and Salem Alowami^{1,2}¹Department of Pathology and Molecular Medicine,
McMaster University, Canada²St. Joseph's Hospital, Canada

***Corresponding author:** Ryan Yu, Department of Pathology and Molecular Medicine, McMaster University, HSC-2N22B, 1280 Main Street West, Hamilton, ON, Canada

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A 54-year-old woman presented with rectal bleeding. Anorectal examination showed a 2.5 cm polypoid lesion covered by skin at 9 o'clock, thought to be an external hemorrhoid, in continuity with internal hemorrhoids. Microscopic examination of the hemorrhoidectomy specimen showed a well-circumscribed dermal tumor comprised of tubules, cysts, and papillary folds projecting into cystic spaces (Figure A, H&E, 12.5x). The lumina were surrounded by a double cell layer consisting of an inner secretory cell layer and an outer myoepithelial cell layer (Figure B, H&E, 100x). The findings were consistent with hidradenoma papilliferum, an uncommon, benign skin adnexal tumor of apocrine differentiation. It presents in women, usually in the 3rd to 5th decades of life, as a small, flesh-colored nodule. Hidradenoma papilliferum occurs almost exclusively on the vulva and only occasionally in the perianal region, so it is usually not considered in the differential diagnosis of a perianal mass. Hidradenoma papilliferum has a malignant counterpart that must be excluded.

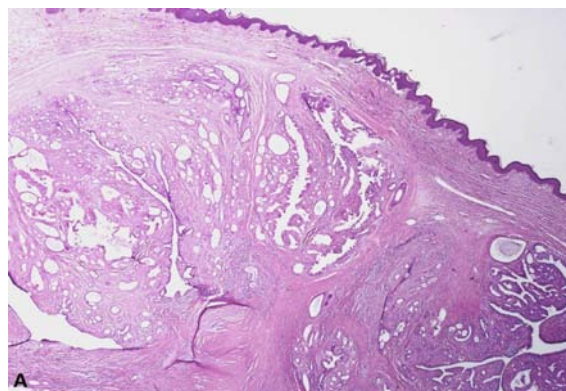


Figure A: A well-circumscribed dermal nodule, without connection to the epidermis, consisting of tubular, cystic, and papillary structures (H&E, 12.5x).

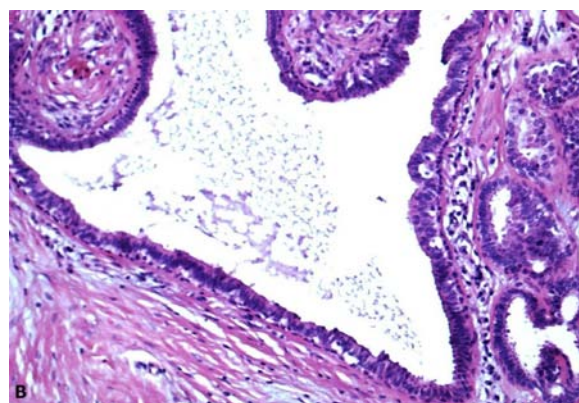


Figure B: A lumen lined by an inner layer of columnar cells and an outer layer of cuboidal cells with deeply basophilic nuclei (H&E, 100x).