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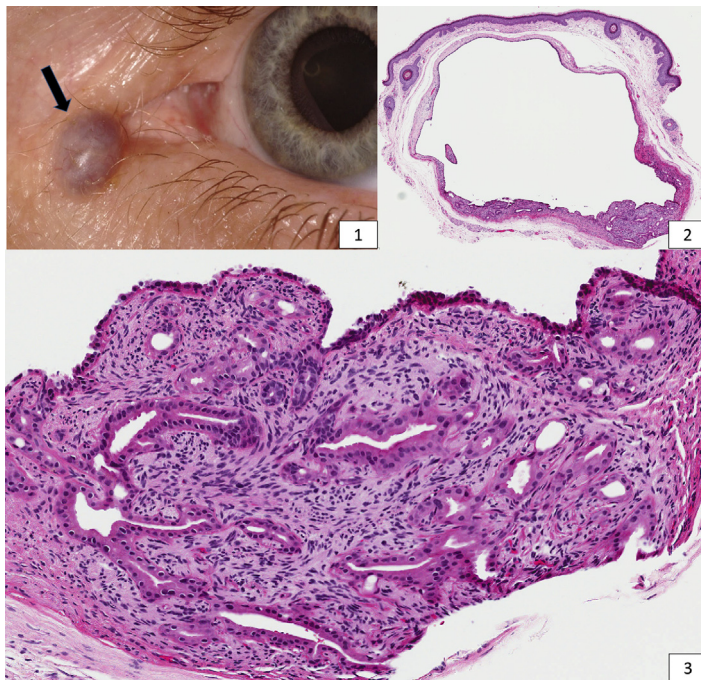
Abbreviations and Acronyms:

aLOCF = last observation carried forward, including measurements after additional or PRN treatment was given; **AMD** = age-related macular degeneration; **BCVA** = best-corrected visual acuity; **CST** = central subfield thickness; **DME** = diabetic macular edema; **DRSS** = Diabetic Retinopathy Severity Scale; **ETDRS** = Early Treatment Diabetic Retinopathy Study; **IAI** = intravitreal aflibercept injection; **LOCF** = last observation carried forward, censoring measurements after rescue treatment was given, measurements after PRN treatment was given were not censored; **OCT** = optical coherence tomography; **PRN** = pro re nata; **SAE** = serious adverse event; **SD-OCT** = spectral domain optical coherence tomography; **VEGF** = vascular endothelial growth factor; **2q4** = 2 mg every 4 weeks; **2q8** = 2 mg every 8 weeks after 5 monthly doses.

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Pictures & Perspectives



Tubular Apocrine Adenoma in Association with an Apocrine Hidrocystoma

A 42-year-old man presented with a left medial commissure lesion that progressed in size and pigmentation over 8 years (Fig 1, arrow). Clinically, the lesion appeared gray in color and mild telangiectatic vessels were seen. Histopathology revealed a large apocrine hidrocystoma with a circumscribed nodule composed of variably sized tubules adjacent to the cyst wall (Fig 2). The cells displayed abundant eosinophilic cytoplasm, uniform round nuclei, and apocrine snouting (Fig 3). Tubular apocrine adenomas are rare benign tumors with a predominance in females (2:1), and are most commonly seen on the scalp, cheek, axilla, and breast.

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