



Eccrine Porocarcinoma: A New Case

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Abstract

Eccrine porocarcinoma is a rare cutaneous neoplasm arising from the acrosyringium, the intraepidermal portion of sweat glands. Approximately, 20% of cases have local recurrence and 20% develop into metastatic disease, with mortality rates of about 67% seen in cases of lymph node involvement. (1) Due to its rarity, there is currently a paucity of data in the literature to profile this disease and its diagnosis work up and management. We report a case of porocarcinoma of the leg in a young woman.

Keywords: academic, Eccrine, porocarcinoma, secondary

Introduction

A 35-year-old female patient presented with an asymptomatic reddish tumor of the leg (Fig. 1). The lesion had been present for six months and was slowly growing. At the time of presentation, the clinical diameter of the lesion was 4 cm. No other skin lesion was present at this place before the appearance of this tumor. On clinical examination, the lesion was firm, fixed to the skin. No other skin lesion was observed and no lymph nodes were palpated. Under local anaesthesia a biopsy of the tumor was done. Histological evaluation revealed nests of basaloid cells with an eosinophilic cytoplasm. There were individual cell necroses and numerous mitotic figures. Closer examination revealed numerous ductal structures lined by an eosinophilic base of membrane-like material. These ducts were highlighted by carcino-embryogenic antigen on immunohistochemical stainings, confirming their eccrine differentiation. These observations confirmed the diagnosis of a primary eccrine porocarcinoma. A wide excision of the lesion was undertaken (figure 2). Primary closure was possible. Histological evaluation confirmed free surgical margins. Healing was uneventful and no adjuvant therapy was proposed. No local recurrence or disseminated disease was observed after six months.

Discussion

Eccrine porocarcinoma is a rare malignant sweat gland tumour arising from the acrosyringium. The lesions are most commonly found on the lower extremities, followed by the head, scalp, upper extremities, trunk and abdomen [2, 3, 4]. This malignancy most commonly affects elderly patients with an average age of 67 at the time of diagnosis, with less than 20 % of the described cases appearing in individuals under 40 like the case of our patient [2, 4].

They may develop as a primary tumour or undergo malignant transformation from a benign pre-existing eccrine poroma but usually, they are de novo [5, 6, 7].

The neoplasm usually appears as a nodule or a tumor, which sometimes has a verrucous surface and other times is ulcerated. There are descriptions of porocarcinomas with multiple lesions grouped in a specific anatomical region [1]. The clinical differential diagnoses of these lesions include seborrheic keratosis, pyogenic granuloma, amelanotic melanoma, squamous cell carcinoma, basal cell carcinoma, verruca vulgaris and metastatic adenocarcinoma.

The lesion arises from the intra-epithelial portion of the eccrine sweat duct. From here, it may invade the papillary dermis and dermal lymphatics, spread within them and then re-invade the epidermis [8, 9].

Surgical excision of the tumour appears to be the treatment of choice. Because of the tendency to develop local recurrence, a wide excision of the primary tumour, with histologically proven free margins is mandatory.

Like as we said, approximately 20 % of the described porocarcinomas produced regional lymph node metastasis. In this group with metastasis, mortality as a result of this neoplasm was 67 % . The most frequent metastases are cutaneous and epidermotropic, although metastases to the lung, liver, and bone have also been described [10, 11].

Some exceptional cases of metastatic porocarcinoma have been published, in which patients responded to treatment with oral retinoids [12, 13], interferon alpha [14], and docetaxel [15]. However, many of these metastatic porocarcinomas, initially present in the vicinity of the primitive tumor and as epidermotropic metastases, and subsequently developed disseminated metastatic disease which led to the death of the patients [16].



Fig 1: reddish tumor firm and fixed to the skin



Fig 2: A wide excision of the lesion

Conclusion

Eccrine porocarcinoma is a rare sweat gland tumour that can be cleared in 70% to 80% of cases by simple wide local excision. Early recognition and treatment of these lesions remains the only chance of definitive treatment.

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