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Eccrine Poroma of Face: A Rare Presentation

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ABSTRACT

An eccrine poroma is a solitary tumor arising from the eccrine duct epithelium in the epidermis. The lesions commonly occur on the sole of the foot, the hands, and occasionally on the nose, eyelids, neck, and chest. We have reported a patient who presented with a slow-growing nodular lesion over his left cheek, prompting a diagnosis of basal cell carcinoma or keratoacanthoma. However, the biopsy revealed it as eccrine poroma.

INTRODUCTION

Sweat gland tumours comprise about 1% of cases of primary cutaneous lesions. About 10 percent of these are thought to be apocrine and eccrine poromas.[1] It is unknown if poromas have any racial or ethnic preferences. Additionally, there is no documented sex preference in the distribution. It has an equal impact on men and women. Although it can start at any age, adulthood is usually when it first manifests.[2]

We document a patient, whose left cheek developed a slow-growing nodule, leading to a diagnosis of either keratoacanthoma or basal cell carcinoma. An eccrine poroma was diagnosed based on a biopsy report.

A CASE REPORT

A 38-year-old male patient presented with an asymptomatic nodule on the right labial commissure for 2 years. The lesion started as a tiny, approximately

2 mm asymptomatic papule on the right labial commissure and gradually increased to a size of 2 cm in diameter. There was no history of trauma, pre-existing skin lesion, or topical application of any medication at the site of the lesion. There was no family history of similar lesions. It was not associated with pain, pruritus or bleeding in the nodule. Cutaneous examination revealed a well-circumscribed, non-tender, sessile , reddish nodule, with a peripheral hyperpigmented rim just lateral to the right nasolabial fold.The lesion was firm, mobile and about 1.5 cm in diameter. The local lymph nodes were not enlarged. Pertaining to the presentation of the lesion, differential diagnosis considered were basal cell carcinoma, squamous cell carcinoma, amelanotic melanoma, and keratoacanthoma.

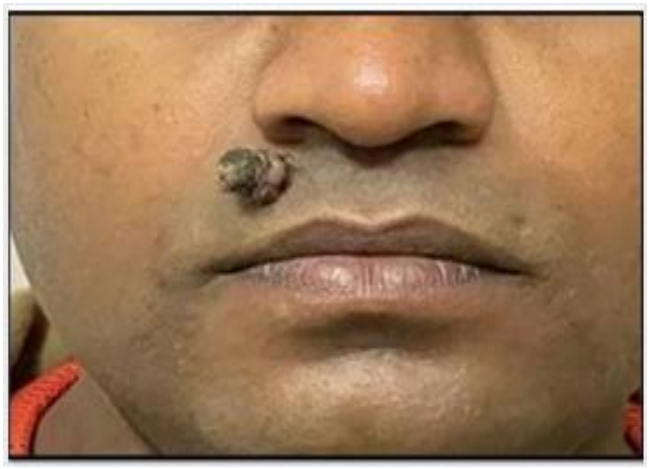

Figure 1

Ulcerated nodule with peripheral hyper pigmented rim over right labial commissure, Excisional Biopsy done of the ulcerated nodule present.

SURGICAL PROCEDURE

Patient was properly prepared and scrubbed under aseptic precautions, local administration of 2% local anesthesia with 1:80,000 adrenaline was given on the lesion site. Surgical marking of lesion in an elliptical fashion was done according to relaxed skin tension lines and traction was applied to stabilize the lesion. With the help of scalpel and 15 no. blade incision was given around the base of lesion in an elliptical manner. Lesion was detached in toto, followed by electrocauterization. The specimen was placed in a biopsy bottle and closure of the wound was achieved with 5-0 prolene suture. Excisional biopsy was done and sent for histopathological examination.

HISTOPATHOLOGICAL FINDINGS OF BIOPSY

The histological features surprisingly revealed broad anastomosing bands of uniform small cuboidal cells [Figure 2], few ductal lumina, and narrow cystic spaces [Figure 3] within the epidermis. Further, the cuboidal cells showed uneven cytoplasmic clearing [Figure 4]. The histological features clinched the diagnosis of an eccrine poroma. A few occasional mitoses were seen which suggested the requirement of a close follow-up in this patient. Findings also showed the well defined epidermal tumour with homogenous small cuboidal cells with rounded profoundly basophilic nuclei, few narrow ductal lamina and cystic spaces.

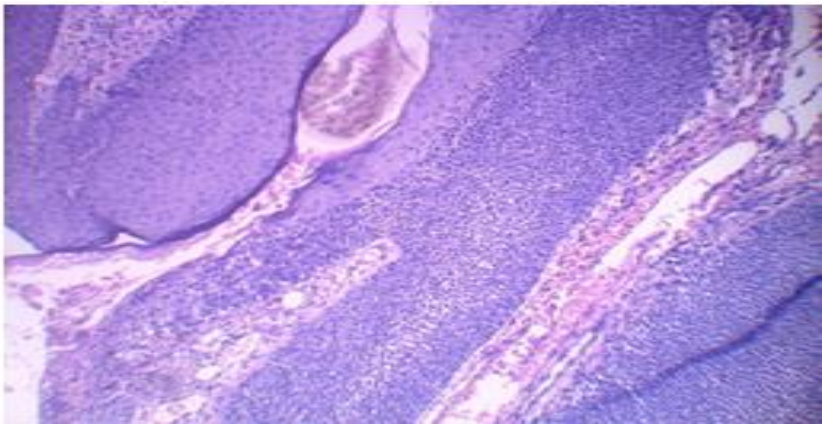

Figure 2

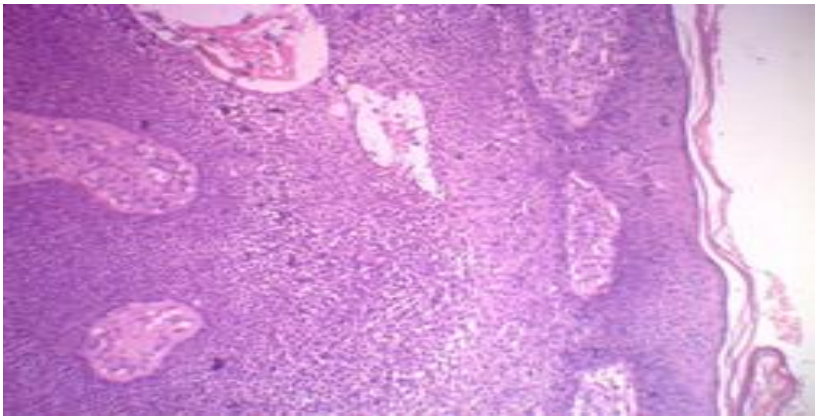

Figure 3

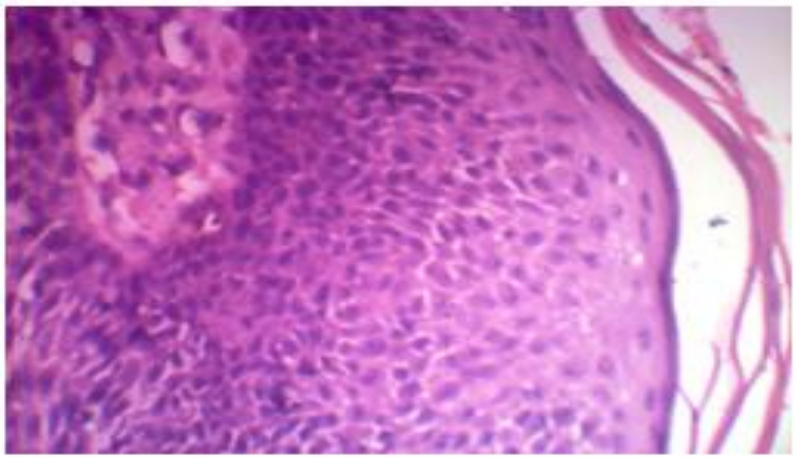

Figure 4

DISCUSSION

Eccrine poroma was first reported by Pinkus in 1956 and represents 10% of all sweat gland tumors.[1] It is a benign neoplasm originating from the intraepidermal ductal portion of the eccrine sweat duct. They are solitary, moist, exophytic bright red to flesh colored, painful, sessile or pedunculated papules or nodules usually occurring on palms or soles. A distinct feature is a cup shaped shallow depression from which the tumor protrudes[1]. Other sites of occurrence of poroma described in literature are nose, eyelids, neck, chest and buttocks. Occasionally, poroma may be pigmented and resembles basal cell carcinoma clinically and dermatoscopically.[2] Eccrine porocarcinoma the malignant variant is more common in elderly patients with more than 50% of cases occurring in the lower limb.[4] Porocarcinoma evolving from a poroma is characterized by rapid growth up to 10 cm, bleeding and ulceration.Histopathologically eccrine poroma arises within the lower portion of the epidermis and it extends downward into the dermis as tumor masses that often consists of broad anastomosing bands of epithelial cells. The cells are smaller than epidermal keratinocytes, have a uniform cuboidal appearance and a round deeply basophilic nucleus.[5] Intraepidermal type lesions are referred to as hidro acanthoma simplex. Poromas comprises lesions that span the epidermis, whereas dermal duct tumors exist entirely in the dermis.

CONCLUSION

The asymptomatic nodule on our patient's face which was masquerading as a cutaneous carcinoma clinically proved to be an eccrine poroma histopathologically.

Eccrine poroma on the face is a rare occurrence. It may simulate many benign and malignant skin tumors. A biopsy is the key for management of these patients.

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