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UNDERSTANDING – POROCARCINOMA "A CASE REPORT ON ONE OF THE RARE CUTANEOUS MALIGNANCIES"

General Surgery

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ABSTRACT

Porocarcinoma is a rare and aggressive type of skin cancer that originates in the eccrine sweat glands and requires prompt medical attention for effective treatment. Porocarcinoma typically presents as a firm, painless nodule or lump on the skin, often on the extremities, head, or neck. Early detection and treatment are crucial for improving outcomes. Treatment approaches may vary depending on the stage and extent of the disease. Treatment usually involves surgical excision, potentially with lymph node dissection, and may be complemented by radiation therapy.

KEYWORDS

INTRODUCTION:-

Eccrine porocarcinoma is a rare type of skin cancer arising from the intraepidermal portion of eccrine sweat glands or acrosyringium, being a primary tumor or, even more common, a malignant transformation of an eccrine poroma , representing 0.005-0.01% of all cutaneous tumors . In Europe, the incidence rate was < 0.28/100,000.

It mainly occurs in the elderly, with equal incidence in both sexes. Approximatively less than 300 cases of EPC have been reported in medical literature since this disease was first described in 1963. About 20% of EPC will recur and about 20% will metastasize to regional lymph nodes . There is a mortality rate of 67% in patients with lymph node metastases . Although rare, the occurrence of distant metastases has been reported .

CASE REPORT:-

MR.Gnanpandithan 62/M patient residing in chennai a Hindu temple priest came with the chief complaints of a swelling in his abdomen for the past four months.

He was apparently normal 4 months back where she started to notice this swelling in his left lower abdomen which was initially small and gradually increased in size to attain the current size. Patient gives history of occasional serious discharge form the swelling . Patient gives History of itching sensation around the lesion for the past 1 week and also added a occasional pricking type of pain on the lesion for the same duration.

Patient has no comorbidities and nil surgical interventions in the past . There was no significant personal or family history.

ON EXAMINATION:-

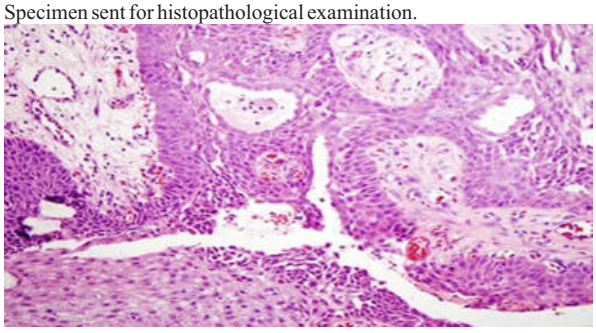
Patient was comfortable & oriented, vitals were normal .
Systemic examination was unremarkable. On local examination a fleshy lesion of size 2x2 cm was seen in the left iliac region . There was no tenderness, warmth or discharge present.

With the above mentioned history and examination a provisional diagnosis of pyogenic granuloma of anterior abdominal wall was made and Patient was planned for excision & biopsy for the same .

Procedure And Histopathological Examination:-

Under aseptic sterile precautions under local anaesthesia excision and biopsy done , haemostasis secured skin closed with interrupted simple sutures using 2-0 ethilon.

Specimen sent for histopathological examination.



Histopathological examination revealed – MALIGNANT SKIN ADENEXAL NEOPLASM SUGGESTIVE OF POROCARCINOMA (malignant eccrine poroma)

Later patient was subjected to metastatic workup which turned out to be negative and was planned and proceeded for revision wide local excision after 1 week leaving 1 cm margins . Marginal Clearence was confirmed with subsequent histopathological examination.

DISCUSSION:-

Eccrine carcinoma was first reported by Pinkus and Mehregan in 1963 . Mishima and Morioka later introduced the term (eccrine porocarcinoma) in 1969.

It occurs equally in both genders and mainly in elderly at an average age of 68.

The etiology of EPC is still unrecognized and its pathogenesis has not been clarified yet. Some risk factors have been reported as pre-existing lesions like "benign poroma after a long latency". Other risk factors include chronic exposure to the sun and immunocompromised status like HIV, diabetes mellitus and organ transplantation.

The clinical presentation of EPC is non-specific. The most common presentation is either as reddish mass or nodule that may ulcerate, become itchy and/or painful and may spontaneously bleed. It commonly arises in the lower extremities "legs and feet", trunk, head and neck and upper extremities. It rarely occurs in scalp, face, ear, eye lid and genitalia . Distant metastases can be developed in the lung, breast, mediastinum, peritoneum, spine and liver.

The differential diagnosis includes many conditions like metastatic adenocarcinoma of the breast or lung, amelanotic melanoma, Paget's

disease, basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) .Because of the close histological resemblance of those lesions to the EPC, its rarity and its non-specific clinical features, the diagnosis of EPC only relies on its detection on histopathological examination.

Histopathological criteria include: malignant neoplastic lesions extended from the epidermis to the dermis. These lesions are composed of large, basaloid and atypical neoplastic cells with hyperchromatic nuclei and some mitotic figures. Duct-like structures with eosinophilic cuticular borders are constant findings . On the other hand, immunohistochemical features like positivity for carcinoembryonic antigen or epithelial membrane antigen help to confirm the diagnosis of difficult cases where histopathological findings are not conclusive.

Gross total surgical excision with safety margin is the main stone of management of EPC with cure rate of 70-80% . Lymph nodes dissection is to be considered in case of regional lymph node involvement . Arslan et al recommended the use of adjuvant local radiotherapy to reduce local recurrence, especially when margins are close.

Chemotherapy and radiotherapy are advised in metastatic lesions.

Robson et al found that the prognosis of EPC is determined by histological factors that are predictive for poor prognosis. These are lymphovascular invasion, tumor margin status after resection, mitotic count (> 14/HPF) and tumor depth (> 7 mm).

CONCLUSION :-

EPC of the scalp is a very rare malignant and lethal tumor. Given the non-specific clinical presentation in which it can be misdiagnosed with SCC, BCC and metastatic adenocarcinoma, the diagnosis of EPC must be based on histopathological features and this is essential because of its potential metastasis to distant organs. The main line of management is gross total surgical excision with safety margin. Adjuvant chemotherapy and radiotherapy are used in cases of metastasis and to reduce local recurrence

REFERENCES:-

[1] Choi SH, Kim YJ, Kim JH, Nam SH, Choi YW, A rare case of abdominal porocarcinoma Arch plast surg 2014 41(1):91-93.
[2] Gerber PA, Schulte KW, Ruzicka T, Bruch Gerharz D, Eccrine porocarcinoma of the head: An important differential diagnosis in the elderly patient Dermatology 2008 216(3):229-33.
[3] Chang O, Elnawawi A, Rimpel B, Asarian A, Chaudhry N, Eccrine porocarcinoma of the lower extremity: A case report and review of literature World J Surg Oncol 2011 9:94
[4] HKS ALH Ramesh DB, Soni A. VR, Eccrine porocarcinoma: A case report J clin diagn res 2013 7(12):2966-67.
[5] Rana RE, Verma SS, Puri VA, Baliarsing AS, Sweat gland tumour (Eccrine porocarcinoma) of scalp: A rare tumour Indian J plast surg 2005 38(1):51-53.
[6] Ribeiro LC, Almeida M, Montenegro MG, Biasi LJ, Ogata DC, Eccrine porocarcinoma (Malignant eccrine poroma) with bone invasion and lymphnode metastases Applied cancer research 2008 28(4):165-67.
[7] Poiares Baptista, Tellechea O, Reis JP, Cunha MF, Fiqueiredo P, Eccrine porocarcinoma. A review of 24 cases Ann Dermatol venereal 1993 120:107-15.
[8] Kurashige Y, Minemura T, Nagatani T, Eccrine porocarcinoma: Clinical and pathological report of eight cases Case Rep Dermatol 2013 5(3):259-66.
[9] Vaidya KA, Shankarling M, Sukesh Eccrine porocarcinoma of skin: A rare case report with review of literature Sch J App Med Sci 2014 2(1):125-27.
[10] Bindra A, Bhuva V, Jasani J, Chauhan S, Shukla R, Darad D, Ductal eccrine carcinoma-A sweat gland carcinoma with ductular differentiation- A case report Int J Biol Med Res 2012 3(2):1862-64.