

Eccrine Porocarcinoma: Case Report and Literature Review

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INTRODUCTION

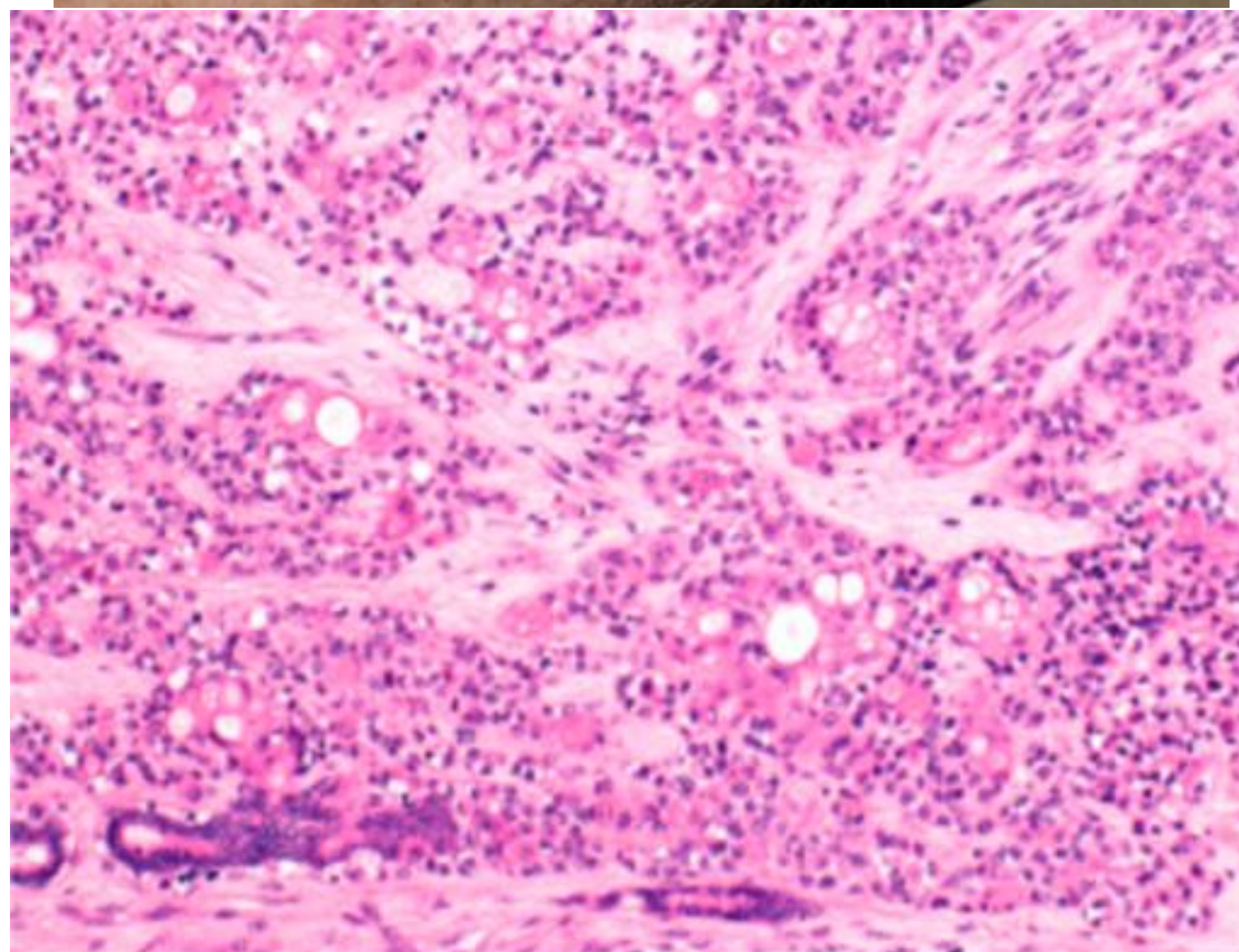
- Rare cutaneous sweat gland tumor that typically presents in 7-8th decade of life, possibly associated with high sun exposure and immunocompromised status but etiology unclear
- Most commonly affects head, neck, or lower extremity which contrast with apocrine carcinoma which affects the axilla
- Presents as mass, nodule, or ulcer and may arise from a pre-existing poroma through malignant transformation
- Aggressive neoplasm, high rates of local recurrence and metastasis

CASE PRESENTATION

- 76 year old male with history of agent orange exposure referred from dermatologist for evaluation of erythematous, tender nodule with hyperkeratotic scaling of his right forearm. Shave biopsy shows eccrine porocarcinoma (EPC) with positive margins.
- Physical exam did not demonstrate palpable lymphadenopathy
- Underwent wide local excision measuring 6x4 cm & sentinel lymph node biopsy of right axilla
- Pathology demonstrated a 3 mm focus of eccrine porocarcinoma presenting 5 mm from the nearest lateral 3:00 margin, negative surgical margins, 0 of 2 lymph nodes involved from the right axilla
- Referred to oncology who did not recommend additional therapy
- Doing well without any new cutaneous lesions. Following with dermatology for skin checks.

DIAGNOSTICS

- Diagnosis: Tissue biopsy with histological confirmation and immunohistochemistry
- Large pleomorphic round and oval cells with irregular nuclear features
- Prognostic factors: tumor depth >7mm, mitotic index >14mphpf, and presence of lymphovascular invasion
- Markers: H/LMWK, EMA, S100, SMA, p63. Ki-67, p53.



DISCUSSION

- WLE with 1-2 cm margins is 1st line treatment for local disease with a cure rate 70-80%
- Metastasis occurs in 31% of cases, most commonly to the nearby lymph nodes. Five-year mortality rates reach up 65% in cases of positive lymph nodes and 80% in cases of distant metastasis.
- Some studies recommend SLNB as staging. Regional LN dissection may be indicated in positive SLNB, unclear if improves mortality.
- For metastatic disease, systematic treatment used but limited evidence as most data comes from retrospective case series

CONCLUSIONS

- EPC is a rare skin malignancy that commonly appears in the later decades of life that has a high propensity to metastasize
- Wide local excision is recommended for local disease
- No strong evidence of efficacy of SLNB in reducing mortality
- Chemotherapy and radiation therapy have been used but no defined consensus to guide treatment of locally advanced and metastatic disease
- Because EPC is an infrequent entity, no randomized control trials exist that examine the management options. Further studies would help improve understanding.

REFERENCES

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