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Eccrine Porocarcinoma

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Clinical Image

A 89-year-old female presented to the general medicine clinic with 2-month history of a growing papule with occasional bleeding on top of a seborrheic keratosis plaque on the left glute diagnosed years before. The physical examination revealed an ulcerated and friable papule with a diameter of 1cm, arising from the epithelial benign tumor. A skin biopsy revealed a malignant neoplasm of apocrine cells: porocarcinoma. The patient was referred to the dermatology department and a wide surgical excision with negative surgical margins of the lesion was performed in a second time.

Eccrine Porocarcinoma (EPC) is a rare and aggressive type of skin cancer with high potential for morbidity and mortality. It represents 0.005% to 0.01% of all malignant cutaneous neoplasms. Approximately 20% of the cases present local recurrence and other 20% develop metastasis disease after treatment [1-4].

EPC can develop primarily or arise in a pre-existing poroma [1-4]. Poroma is a benign tumor that arises from the acrosyringium, the intraepidermal ductal portion of the secretory coils of the sweat glands. Both tumors have been described with a variety of histological and macroscopy presentations such as nodule, papule or plaque, resembling other skin tumors at macroscopic examination [1,2,5]. EPC most commonly locations are the legs, the trunk, and then head and neck [1-5] (Figure 1and 2).

The differential diagnosis includes poroma, hidroacantoma, cutaneous mixed tumor, hidoadenoma.

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Figure 1: Right glute with both lesions



Figure 2: Close up photography of the lesion