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Case Report

Benign eccrine poroma of neck: an unusual presentation

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ABSTRACT

Poroma refers to benign adnexal neoplasm derived from the terminal portion of the duct of sweat gland. About two-thirds are seen in middle aged and the elderly. The plantar surface or sides of feet followed by hands and fingers, and rarely the face or neck are the sites of predilection. This study included case report of 36 year old male presented with a lower midline neck swelling, insidious in onset and gradually progressive. On examination: swelling was about 2×2 cm, doughy in consistency, non-tender and freely mobile over the underlying muscles. Ultrasonography neck showed a hyperintense adnexal soft tissue with no fixity to the underlying structures. Surgical intervention via an elliptical incision was undertaken. Skin and subcutaneous tissue separated and underlying swelling identified to be attaching superficially. It was removed in toto and base was cauterized and transfixed. Postoperative period was uneventful. No recurrence recorded till 6 months. Histopathological examination was consistent with benign adnexal tumor eccrine poroma. Meticulous evaluation of the individual presenting with poroma is undertaken to reach the correct diagnosis. Existing literature suggests the treatment of eccrine and apocrine poromas consists of simple excision. If the lesion recurs after excision or presents with ulceration, bleeding, pain, or accelerated growth, a suspicion of eccrine "porocarcinoma" should be considered and the lesion investigated accordingly.

Keywords: Adnexal neoplasm, Eccrine poroma

INTRODUCTION

Goldman et al gave the first description of eccrine poroma.[1] A poroma is a benign adnexal neoplasm that arises from the acrosyringium or the intraepidermal portion of the tubular duct of sweat gland. It is generally found on acral locations, but can be found on almost any cutaneous surface.[2] About two-third of cases are seen in middle aged and the elderly on plantar surface or sides of the foot followed by hands and fingers, and rarely over the face or neck.[3-5] Clinically, poromas usually present as solitary, plaques, papules or nodules and they can mimic benign and malignant melanocytic and non-melanocytic lesions.[6] Being a benign adnexal lesion, treatment is curative. Superficial lesions are treated with simple excision or electrosurgical destruction.[7]

CASE REPORT

A 36 year old male presented with discrete 2×2 cm midline neck swelling for the last 6-7 months. It was insidious in onset and gradually progressive. There was no pain, redness or any associated change in the skin texture.

On examination: the 2×2 cm swelling was doughy in consistency, non-tender, freely mobile and not adherent to the overlying skin or underlying tissues as shown in Figure 1a. Ultrasonography neck showed hyperintense adnexal soft tissue mass with no fixity to the underlying structures.

The patient was worked up and planned for surgical intervention. An elliptical incision was marked 0.5 cm around the swelling and incision given. Skin and

subcutaneous tissue dissected and underlying swelling was identified to be adherent to superficial tissues. It was removed in toto and the vascular pedicel base was cauterized and transfixed as given in Figure 1b to 1e. Hemostasis achieved and incision closed in two layers. No indwelling drain was placed. Postoperative period was uneventful. 6 month follow up period showed a well healed imperceptible scar and no recurrence.

Histopathological examination was consistent with benign adenxal tumor eccrine poroma. Sections showed presence of a well encapsulated cellular tumor with tumor cells arranged in lobules, separated by fine fibrovascular septae. Individual tumor cells have round nuclei, vesicular nuclear chromatin and moderate amount of eosinophilic cytoplasm. No atypia or mitotic figures were identified as given in Figure 2.

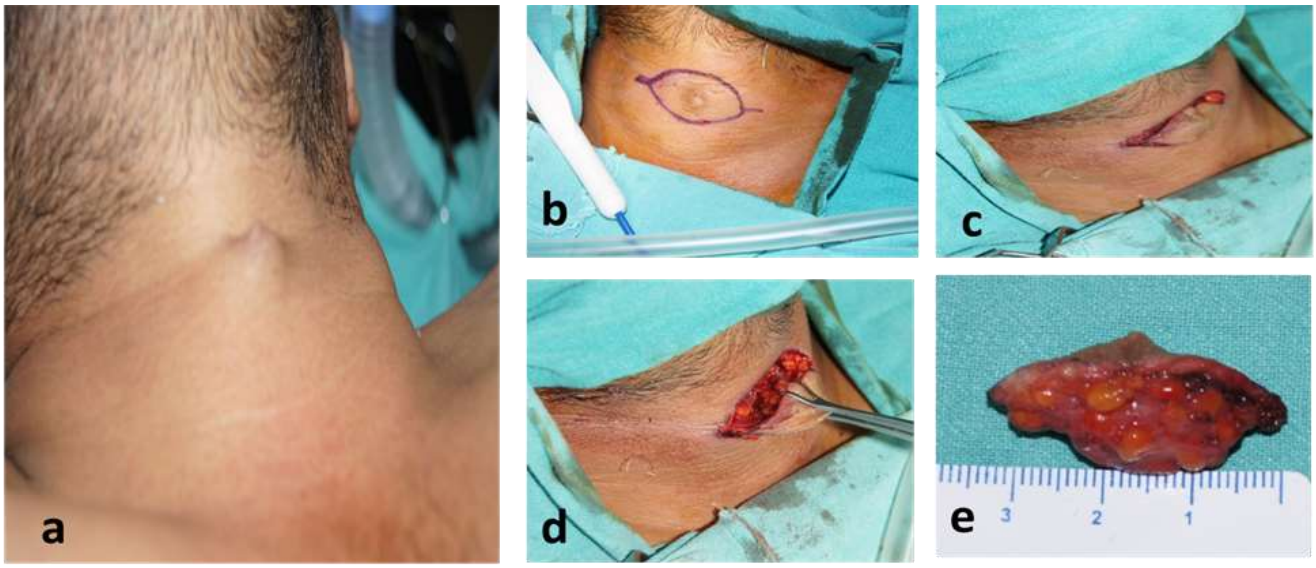

Figure 1: (a) Midline swelling on the neck; (b-e) Surgical steps showing complete excision of tumor.

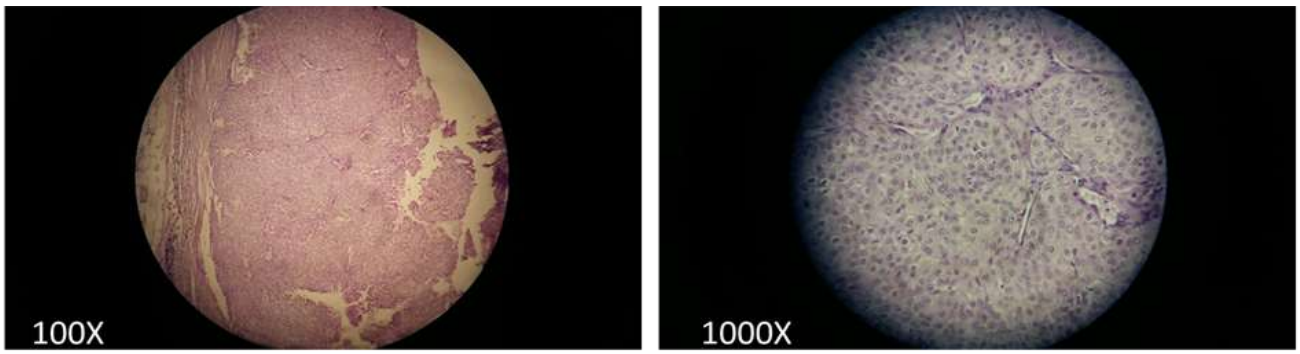

Figure 2: (H & E stain) Histopathological sections showing a well encapsulated cellular tumor with tumor cells arranged in lobules, separated by fine fibrovascular septae. No atypis or mitotic figures identified.

DISCUSSION

A poroma is a benign adnexal neoplasm that arises from the acrosyringium or the intraepidermal portion of the sweat gland duct. Eccrine and apocrine sweat gland tumors are extremely rare and constitute approximately 1% of primary skin lesions. And benign poroma form less than 10% of these making it a highly uncommon diagnosis.[8] It is generally found on acral locations, but can be found on almost any cutaneous surface.[2] About two-third of cases are seen in middle aged and elderly people without any predilection for race or sex. These lesions commonly are seen on soles or sides of soles followed by hands and fingers, and rarely over the face or neck.[3-5]

Clinically, benign poromas usually present as solitary, plaques, papules or nodules and can mimic benign and malignant melanocytic and non-melanocytic lesions.[6] The surface can be smooth or verrucous and color can be pink, red or normal skin type. On the other hand, eccrine porocarcinoma may appear exophytic and ulcerative.[2]

In benign adnexal lesion poroma, treatment is curative. Superficial lesions are treated with simple excision or electrosurgical destruction.[7] On the contrary,

porocarcinomas require a wide excision along with electrosurgical clearance.[2]

CONCLUSION

Poromas are uncommon adnexal tumors with varied presentation and thus need histopathological evaluation for further management and complete cure.

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