



## **Porocarcinoma - Case Report**

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**Abstract**

*Eccrine porocarcinoma (PCE) is a rare malignant tumor of the sweat gland. It affects elderly people and the most frequent location is the lower limbs. Treatment of choice is surgical excision, with cure in 80% of cases and should be as early as possible in order to avoid tumor aggressiveness that occurs in 20% of the cases. We present a case of a 76-year-old male patient with eccrine porocarcinoma on his right foot, treated with surgical excision with wide margins, evolving in 5 years of monitoring without recurrences.*

**Keywords:** Carcinoma; Eccrine glands; Sweat gland neoplasms, Acrospiroma; recurrences.

**Introduction**

Eccrine sweat glands are distributed throughout the body, consisting of a secretory glomerulus located in the hypodermis and an excretory channel that crosses the dermis and epidermis.

Eccrine porocarcinoma (PCE) is a malignant tumor of the intraepithelial portion of the eccrine sweat gland, the acrystinium. The first description of the tumor was in 1963 by Pinkus and Mehregan<sup>1</sup>.

Extremely rare, comprising about 0.005-0.01% of all skin cancers.

It has the same incidence in both sexes, mainly affects people of advanced age. Less than 300 cases are described throughout the world literature [1,2].

Clinically it manifests as a solitary lesion, which can be an ulcerated nodule, a papule or a verrucous lesion. Its differential diagnosis is basal cell carcinoma, epidermoid, seborrheic keratosis.

The most common location is the lower extremities, head, neck and less frequently in the trunk, vulva, chest, nail bed and upper extremities.

The treatment of this type of tumor is performed through a wide surgical incision, Mohs surgery or radiotherapy. Surgical treatment is curative in 80% of cases. The role of prophylactic ganglionic emptying is debatable [3] .

## Case Report

A 76-year-old male patient, rural worker, born in Salvador-BA, from São Paulo-SP, widowed, with a personal history of smoking and high blood pressure.

The patient was seen in February 2009, at the ICA outpatient clinic (Instituto Câncer), by our team from the oncological surgery service at the Base Hospital of São José do Rio Preto-SP.

The patient reports having noticed the presence of a nodular, hyperemic, circular lesion in the plantar region of the right foot, next to the first toe, initially measuring 0.5 cm in diameter, one year before the appointment. As the lesion presented rapid growth and an ulcerative aspect, the patient was referred for evaluation by our team.

On physical examination, the lesion was painless, friable to touch, circular, with vegetating edges, central ulceration, hardened consistency, approximately 1.5 cm in diameter.

Our team of oncologic surgery performed the excision of the lesion in the surgical center of the Base Hospital of São José do Rio Preto, with a 1 cm safety margin and the piece was sent for analysis by the pathology service of the same hospital, in April 2009.

The result of histopathological analysis was a lesion measuring 2.5 cm, with a granular and ulcerated bottom; diagnosis of eccrine porocarcinoma; with surgical margins free of neoplastic involvement.

The patient was followed up with physical and complementary exams (computed tomography of the total abdomen, chest and ultrasound of the bilateral inguinal region) quarterly, from April 2009 to April 2010, every six months from April 2010 to April 2012 and from 2012 to 2014 annually.

Absence of tumor recurrence and / or metastases.

## Discussion

Eccrine porocarcinoma (PCE) is an infrequent cutaneous malignant neoplasm, which arises from the intraepithelial portion of the eccrine sweat gland unit. This tumor may appear as new or progression of a benign poroma, which grows in its slow onset, but after its malignancy, it becomes aggressive.

PCE occurs most commonly in the head and extremities; in elderly patients, mostly in the fifth decade of life. Men and women are equally affected [4,5,6].

Clinically, it presents as a nodule, erosive plaque or papule, with a tendency to ulceration and can be easily confused with pyogenic granuloma, basal cell carcinoma or amelanotic melanoma [7]. The elective treatment for PCE is total surgical excision, with enlarged tumor margins [8, 9] being curative in 80% of cases. Chemotherapy is reserved for metastatic PCE treatment, there are no standard protocols and there are varying degrees of responses.

Radiotherapy is of little benefit, summing up to palliative care since the response is partial.

## **Conclusion**

Eccrine porocarcinoma is a rare but potentially aggressive malignancy, with high rates of recurrences and metastases. In the case reported, the patient evolved without local recurrence and / or metastasis in 5 years of follow-up.

The delay in its diagnosis influences its malignancy, since it can be confused with a benign lesion.

Treatment is surgical resection with enlarged margins and extensive surveillance in the follow-up of the patient.

The rapid diagnosis and surgical treatment are the appropriate ways to achieve a benign prognosis in the face of such an aggressive tumor.

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