



DERMATOPATHOLOGY

## CD10-POSITIVE CUTANEOUS PECOMA: AN IMPORTANT HISTOLOGICAL DIFFERENTIALDIAGNOSIS TO A CUTANEOUS METASTASIS OF A CLEAR CELL RENAL CELL CARCINOMA

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The term PEC refers to a mesenchymal tumor whose predominant cell type is the „perivascular epitheloid cell“ (PEC), a cell with defined histological and immunohistological properties. PEC are characterised by an epitheloid shape, clear to pale eosinophilic cytoplasm, predominantly perivascular location, and coexpression of smooth muscle actin/desmin, and melanocytic markers (HMB45, melan A, MiTF).

A case of a 67-year-old woman presented with a history of a slowly progressive, polypus nodule on her left wrist. After a complete resection, the histological analysis revealed a clear cell tumor, relatively sharply demarked from the surrounding tissue, extending into the subcutaneous tissue. The tumor showed a characteristic trabecular pattern in which the tumor cells were arranged around numerous vessels. The neoplastic cells had predominantly an epithelioid shape, granular eosinophilic to clear cytoplasm and prominent usually centrally located nucleoli. The histological differential diagnosis included a metastatic clear cell renal cell carcinoma and a primary cutaneous PEComa. Immunohistochemically, the tumor cells showed homogenous expression of HMB-45, MiTF and CD10, whereas MART-1 and S100 were negative. Antibodies against actin marked the trabecular arranged vessels, the neoplastic cells yielded a patchy positivity against actin and desmin. Additional immunohistochemical stains against pan-cytokeratin, PAX-8 and EMA were negative. Based on the morphologic and immunophenotypic findings we confirmed the histological diagnosis of a CD10-positive cutaneous PEComa.

CD-10 positive PEComas were first described in three cases by Fernandez-Flores et al (2016) and five cases by Stuart et al (2017). Before only extracutaneous PEComa were known for positivity against CD-10. Since CD-10 was an important marker to diagnose a cutaneous metastasis of a clear cell renal cell carcinoma, it can lead to a histological pitfall and wrong diagnosis. Only a full immunohistological panel will help to confirm the right diagnosis.

