



DERMATOPATHOLOGY

GIANT HIDROACANTHOMA SIMPLEX COMBINED WITH VARIABLE ECCRINE TUMORS MIMICKING CLONAL SEBORRHEIC KERATOSIS

Seung Pil Ham⁽¹⁾ - Jae Hong Oh⁽¹⁾ - Hee Jae Park⁽¹⁾ - Mira Choi⁽¹⁾ - Hai-jin Park⁽¹⁾

Ilisan Paik Hospital, Inje University, Dermatology Department, Goyang, Republic Of Korea⁽¹⁾

Background: Hidroacanthoma simplex (HAS) is a rare benign intraepidermal neoplasm arising from eccrine duct. Clinically, it appears as brownish or verrucous plaque. It is usually located on the lower extremities. Histologically, HAS exhibits “Borst-Jadassohn phenomenon” and consists of intraepidermal cell nests, which resemble the features of clonal seborrheic keratosis (SK).

Observation: An 86-year-old female presented with 10 years history of 7.5 cm x 5.6 cm sized huge brown to black verrucous plaque on the right pelvic area. At initial biopsy, intraepidermal clonal cell expansion of polygonal basaloid cells were observed within hyperkeratotic and acanthotic epidermis. She was diagnosed as clonal SK at first, and the lesions were removed by CO2 laser ablation. After 3 months, she returned with polypoid grouped papules on the previously treated area. Histologic examination showed intraepidermal proliferation of small to medium-sized polygonal basaloid cells as well as large cells with abundant clear cytoplasm. Atypical cells with large, hyperchromatic nuclei were also observed. In addition, there was a component of syringofibroadenoma characterized by thin, anastomosing cords of epithelial networks with duct formation extending from the base of the tumor. Tumor cells strongly stained with EMA and Periodic acid-Schiff (PAS) was positive at the intraepidermal tumor cell nest. Based on these findings, we diagnosed her as HAS combined with variable eccrine tumors.

Key message: Herein, we report the case of giant HAS combined with variable eccrine tumors which was at first diagnosed and treated as clonal SK. We think that this case shows natural progression of eccrine tumors from HAS to eccrine poroma, syringofibroadenoma and malignant HAS. Also, HAS should be differentiated from other diseases showing Borst-Jadassohn phenomenon.

