NAIL DISORDERS

A CASE OF PERIUNGUEAL CLEAR CELL ECCRINE POROMA

Heliana Freitas De Oliveira Góes [(1)] - Letícia Bueno Nunes Da Silva [(2)] - Thalita Marçal Machado [(3)] - Fabio Caser Rocha [(3)] - Nandamaria Do Carmo Araujo Kanaji [(3)]

University Of São Paulo, Dermatology, São Paulo, Brazil [(1)] - University Federal Of São Paulo, Dermatology, São Paulo, Brazil [(2)] - Prevent Senior, Dermatology, São Paulo, Brazil [(3)]

Background: Eccrine poroma is a benign cutaneous tumor originating in the acrosyringium. It can be located in the periungueal regions and the lesions are well-defined, erythematous papules, with predominant involvement of the fingernails, sometimes mimicking an ingrown nail complicated. In most of the cases reported, a histopathologic diagnosis of eccrine poroma was made after clinical prediagnoses of ingrown toenails, pyogenic granuloma, squamous cell carcinoma, among others. The tumor cells frequently contain glycogen in their cytoplasm, but prominent clear cell changes are rarely reported and just about porocarcinomas.

Observation: We presented a 60-year-old male patient with a painful, nonhealing wound localized on the tip of the left hallux for the past 4 years. The dermatologic exam showed erythematous, somewhat erosive and coalescing papules in the distal plantar region of the hallux, with edema, infiltration and sub and periungual involvement. Biopsy was performed and the histopathologic exam showed neoplasia characterized by proliferation of acrosyringium cells, which have rounded nuclei, varying its cytoplasm that caracterizes cuticular and poroid cells. The neoplasia formed masses and cords that attach to the epidermis, and the formation of ducts eccrines, with the diagnosis of clear cell eccrine poroma. The dermoscopic features showed globule/lacunae–like vascular structures separated by pinkish bands and frog egg–like aggregates, findings that were also correlated with eccrine poromas previously described in the literature.

Key message: Eccrine poroma should be suspected and considered as a differential diagnosis in the presence of slow-growing, erythematous, painful, hemorrhagic papular lesions located in the periungual area. We suggest that other than obtaining a detailed patient history, a careful dermatologic and dermoscopic examination should be conducted to determine the lesional characteristics and to facilitate an accurate diagnosis. In such cases, as a first step, because of the difficulties of anatomical localization, we recommend performing a biopsy first.