



SKIN CANCER (OTHER THAN MELANOMA)

## CLINICOPATHOLOGICAL FEATURES OF THE ECCRINE POROMA: DIAGNOSTIC CHALLENGE OF PIGMENTED VARIANTS AND NON-PALMOPLANTAR LOCALIZATION

*Nadia Vega<sup>(1)</sup> - Guisella Martínez<sup>(1)</sup> - Claudia Morales<sup>(2)</sup> - Javier Fernández<sup>(3)</sup>*

*Universidad De Chile, Dermatology, Santiago, Chile<sup>(1)</sup> - Universidad De Chile, Pathology, Santiago, Chile<sup>(2)</sup> - Hospital San José, Dermatology, Santiago, Chile<sup>(3)</sup>*

**Background:** Eccrine poroma (EP) is a benign adnexal tumor with terminal ductal differentiation that has a broad spectrum of clinical presentations, including the pigmented variant in 17% of cases. Generally believed to be more frequently on palms and soles but the truth is that they can appear on any cutaneous surface. These features lead to consideration of this tumor as a great imitator.

**Objective:** To analyze the clinicopathological features and the differential diagnosis of EP cases.

**Materials and Methods:** Clinical data and histopathological features of 43 cases of EP between 2005 and 2018 were investigated. Statistical analysis was performed by T-test and Fisher's exact test, with a level of significance of 0.05.

**Results:** The 62.8% were men and the average age was 49.4 years. The 40.5% were located on head and neck, 23.8% on lower limbs, 16.7% on soles, 11.9% on trunk, 4.8% on upper limbs and 2.4% on palms. Pyogenic granuloma (19.1%), basal cell carcinoma (BCC) (14.3%), EP (11.9%), melanocytic nevus (9.5%), epidermal cyst (7.1%), fibroma (7.1%) and amelanotic melanoma (4.8%) were common preoperative diagnoses. About cases with preoperative and histological diagnosis of EP, 60% was located on soles, 20% on head and neck and 20% on lower limbs. Pigmented EP was documented in 30%, without differences according to sex or location. In these cases, preoperative diagnosis was BCC and melanocytic nevus in the 37.5% and 25% respectively, while EP was not the preoperative diagnosis in any cases.

**Conclusions:** The EP is located on head and neck more frequently and it is usually removed with other preoperative diagnosis, especially in pigmented variants and non-palmoplantar localization. BCC and melanocytic nevus are the main differential diagnoses in these cases. In summary, EP often mimics other etiologies, which makes it difficult to recognize. This highlights the significance of histopathology in these tumors.

