



SKIN CANCER (OTHER THAN MELANOMA)

POROCARCINOMA: CLINICAL AND HISTOLOGICAL CHALLENGE

M El Mansouri⁽¹⁾ - Fz Elfetoiki⁽²⁾ - F Hali⁽²⁾ - F Mernissi⁽³⁾ - S Chiheb⁽²⁾

University Hospital Ibn Rochd, Dermatology, Casablanca, Morocco⁽¹⁾ - University Hospital Ibn Rochd, Dermatology, Casablanca, Morocco⁽²⁾ - University Hospital Ibn Rochd, Anathomopathology, Casablanca, Morocco⁽³⁾

Introduction: Eccrine porocarcinoma (ECP) is an extremely rare malignancy of the eccrine sweat glands. It is poorly known by clinicians. We report a case of basal and keratinizing ECP initially diagnosed as infiltrating squamous cell carcinoma.

Observation: A 68-year-old patient, who presented in 2014, a small blackish nodule of the left arm gradually increasing in size. The patient had undergone a first biopsy suggestive of basal cell carcinoma, followed by an excisional biopsy showing infiltrating squamous cell carcinoma. In 2017, recurrence of an ulcero-budding lesion at the site of the excisional biopsy, painful, bleeding on contact, rapidly extensive with a slight decline in the general condition. The dermatological examination found a large circumferential erosive plaque, measuring 16 cm, seat of multiple nodules, taking the upper 2/3 of the left arm, with irregularly pigmented border. An ipsilateral axillary lymphadenopathy of 4 cm was found. Histological examination of this lesion revealed a moderately differentiated and infiltrating squamous cell carcinoma. A second biopsy with immunohistochemical study was performed and concluded to an eccrine porocarcinoma. The evolution was marked by the extension of the initial lesion with the appearance of pigmented areas in its center and a new budding mass at the ipsilateral forearm. The patient has benefited from chemotherapy with cisplatin and 5-FU, analgesic and local care (9 month follow-up).

Discussion: The particularity of our observation lies in the rarity of the entity, the non-evocative clinical presentation and the various confusing histologies. ECP is clinically unspecific with often difficult histological examination, rarely evoking diagnosis. Indeed, it describes several cytological subtypes, posing a real problem of differential diagnosis essentially with squamous cell carcinoma. The management of the ECP is problematic and not consensual. It is a very aggressive malignant tumor often diagnosed at a metastatic stage, hence the need to recognize the entity and know how to evoke it.

