A fleshy protuberant growth on the leg

An 18-year-old boy presented with an asymptomatic, occasionally bleeding, flesh colored growth on his left leg for 10 years. A well-defined, $3 \text{ cm} \times 4 \text{ cm}$, flesh



Figure 1: Central mass projecting out of the cup-shaped moat

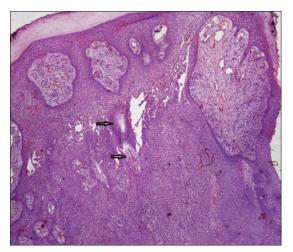


Figure 2: A well circumscribed tumor arising from epidermis consisting of broad and anastomosing columns of basaloid cells along with necrosis *en masse* (arrow) (H and E, ×40)

colored, sessile, soft, mobile, non-tender, nodule was noted on the left calf. The nodule protruded slightly from a shallow cup-shaped depression and had a slightly raised hyperpigmented rim. There was scaling and crusting of the surrounding skin because of repeated cleaning of the growth and surrounding area with undiluted 10% povidone-iodine solution [Figure 1]. There were no other abnormalities on mucocutaneous examination.

Histopathological examination revealed a well circumscribed tumor arising from the epidermis in the form of broad and anastomosing columns of basaloid cells along with necrosis *en masse* and a fibrovascular stroma [Figure 2]. Medium power revealed small and uniform oval cells with a central nucleus, some ductal lumina and a fibrovascular core [Figure 3].

WHAT IS YOUR DIAGNOSIS?

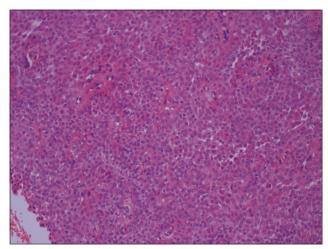


Figure 3: Small and uniform oval cells with central nucleus and some ductal lumina (H and E, ×100)

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ANSWER

Diagnosis

Eccrine poroma.

DISCUSSION

Eccrine poroma, first described by Goldman and Pinkus, is a benign tumor of the intraepidermal portion of the eccrine sweat duct and represents 10% of all sweat gland tumors. Poromas are classified into hidroacanthoma simplex, eccrine poromas or poromas and dermal duct tumors based upon the location of the tumor relative to the epidermis. Hidroacanthoma simplex is an intraepidermal tumor, eccrine poroma or poroma involves both epidermis and dermis while dermal duct tumor resides in the dermis.^[1]

Histologically, the tumor is composed of cuticular and poroid cells with a sharp line of demarcation between tumor cells and normal epidermis. [1] Eccrine poroma starts in the epidermis and proliferates downward into the dermis as cords and broad columns that consists of cuboidal cells. Tumor cells are usually smaller than epidermal keratinocytes, have a basophilic round nucleus and have abundant glycogen that gives the cytoplasm a pale appearance. Tumor cells are connected by intercellular bridges. [2] Poromas characteristically show foci of coagulation necrosis, unlike other benign tumors. This is in contrast to the general rule that necrosis *en masse* points towards malignancy. [3]

Eccrine poroma is usually a solitary lesion. A distinctive feature is a cup-shaped depression from which the tumor protrudes and grows. Poromatosis is the term used when hundreds of lesions occur and can be seen with Clouston syndrome. [1] The tumor has a predilection for palms and soles. However, eccrine poroma has been reported to occur at other sites such as scalp, face, neck, chest, abdomen and pubic area. [2] Clinical differential diagnoses of eccrine poroma include pyogenic granuloma, Kaposi sarcoma, basal cell carcinoma and squamous cell carcinoma.

The etiology of the condition is not known though trauma, scarring, radiation and viral infection, especially with human papilloma virus are proposed etiological factors.^[4] Rarely, eccrine poromas can become malignant (eccrine porocarcinoma). Sudden increase in size, hemorrhage, ulceration, itching and pain indicate transformation into malignancy.^[1] However, it is normal for eccrine poroma to bleed on slight trauma. Eccrine porocarcinoma may lead to cutaneous and nodal metastases.

The tumour may be treated by electrosurgery or by simple excision. However, recurrences are fewer with Mohs micrographic surgery.^[1,3]

Though eccrine poroma usually occurs above 40 years of age it may appear in childhood,^[5] as in our case. Diagnosis is challenging when the tumor occurs in an unusual location at an unusual age.

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Conflicts of interest

There are no conflicts of interest.

Premanshu Bhushan, Sarvesh Sunil Thatte, Avninder Singh¹

Department of Dermatology, Venereology and Leprosy, Dr. P.N. Behl Skin Institute and School of Dermatology, ¹Department of Pathology, National Institute of Pathology, Indian Council of Medical Research, New Delhi, India

Address for correspondence: Dr. Sarvesh Sunil Thatte, Department of Dermatology, Venereology and Leprosy, Dr. P.N. Behl Skin Institute and School of Dermatology, New Delhi - 110 048, India.

E-mail: sarvesh.thatte@gmail.com

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