INTRODUCTION

Eccrine porocarcinoma is a rare malign sweat gland tumor, with few case reports of those arising on the scalp in the literature.

Origin: primary neoplasm or malignant transformation of an eccrine poroma.

Localization: 44% lower extremities, < 5% scalp.

Risk factors: ageing, immunosuppression, namely HIV infection, Diabetes mellitus, organ transplantation.

Clinical presentation: nodular or polypoid erythematous skin lesion, may be ulcerated or infiltrative.

Treatment: surgical recession followed by dermopathologic examination.

Prognosis: 17% local recurrence; 11% distant metastization.
CASE REPORT

84 year-old man
Past history: type 2 Diabetes mellitus, arterial hypertension, chronic renal failure, acute coronary syndrome 3 years ago.
Medication: oral antidiabetics, anti-hypertensors and aspirin.

1 year slowly progressive erosioned erythematous firm tumor in the left parietal area, with 3 cm diameter, asymptomatic (fig. 1).
No lymphatic involvement was clinically detected.
The physical examination was otherwise irrelevant.

Figure 1 – Scalp porocarcinoma
Exophytic proliferation confined to the epidermis and superficial dermis (Fig. 2), delimited in almost all its extension by a *colarette* (Fig. 3). The tumor is composed by epithelioid round-cells (poroid) (Fig. 4) where ductal differentiation can be seen (Fig 5). Marked cellular atypia is observed with frequent mitosis and nuclear atypia (Fig 5).
Scalp Porocarcinoma: a Rare Diagnosis

Figure 4 – Poroid cells nests (HE x40)

Figure 5 – Marked cellular atypia and poroid cell nests with ductal differentiation (HE x100)
FOLLOW-UP & DISCUSSION

FOLLOW-UP

Focal positive surgical margin was observed in histopathologic examination, therefore surgical margin enlargement was performed. Once there was no evidence of loco-regional or distant metastatic activity, namely reticular dermis involvement, lymphovascular invasion or infiltrative features\(^3,7,8\), and considering the age and co-morbidities of the patient, it was decided not to perform invasive complementary evaluation. After one year of clinical and echographic follow-up the patient remains free of disease.

DISCUSSION

Porocarcinoma’s clinical presentation imposes differential diagnosis with several proliferative skin neoplasms, namely seborrheic keratosis, pyogenic granuloma, squamous and basal cell carcinoma, melanoma and cutaneous metastasis.\(^6\)

It is a rare malignancy with relevant metastatic potential. Therefore histopathological diagnosis is essential for diagnosis confirmation and prognosis establishment through evaluation of tumour depth, infiltration and lymphovascular invasion.\(^3,7,8\)

We highlight this uncommon neoplasm for being found at a rare anatomical location and emphasize the importance of enhanced attention to the metastatic potential of this type of tumour, as well as individual-adapted staging.

Scalp Porocarcinoma: a Rare Diagnosis