Case Report

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A Rare Case of Anal Eccrine Poroma

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ABSTRACT

Eccrine poroma is a very rare malignant tumor that typically arises from a sweat gland and has a high recurrence rate after surgical treatment. Due to its low clinical response to adjuvant treatment, its wide excision seems to be the only effective treatment. We report a case of an eccrine anal poroma, an atypical location for this type of tumor, treated surgically and with apparent local control of the disease.

Keywords

Poroma, Eccrine Porocarcinoma, Anal Channel, Anus Neoplasms.

Introduction

Eccrine poroma is a benign neoplasm originating from the eccrine sweat glands, with important prediction for areas that have a greater number of these glands. It is more frequent in the seniors with a mean age of 65 years. Sweat gland tumors constitute about 1% of primary skin neoplasms and poromas comprise about 10% of these lesions. Its clinical manifestations are very variable, which can make the diagnosis difficult, however, it usually presents as solitary papules, plaques and nodules [1,2].

In the pathological findings, the main one consists of the circumscribed proliferation of compact cuboidal keratinocytes with small monomorphic nuclei and scarce eosinophilic cytoplasm. Poromas may present some patterns according to the area of the skin affected, being described as simple hydroacanthoma, fair epidermal poroma and intradermal poroma [1].

Case Report

A 40-year-old male presented with anal pain and recurrent bleeding for 2 months. During the clinical investigation, he was diagnosed with grade III internal hemorrhoids with moderate mucous rectal prolapse and external skin lesion 0.5 cm from the dentate line with approximately 0.3 cm in diameter, and surgical treatment of internal hemorrhoids was indicated on an elective basis as well as the external skin lesion. The patient had preoperative exams without alterations.

The surgical procedure was performed without intercurrences and the resected material was sent for histopathological and immunohistochemical analysis with a surgical specimen measuring 0.7 cm x 1 cm. Anatomopathological examination revealed a skin fragment showing proliferation of basaloid cells without atypia with connection to the adjacent epidermis forming cords and anastomoses, with the presence of intermingled ductal lumens suggestive of eccrine poroma, with no signs of malignancy and free margins. The postoperative period was uneventful, with return to activities 10 days after surgery. The

patient has been followed up for 3 months with no signs of local recurrence.

Discussion and Conclusion

Eccrine poroma is a benign adnexal neoplasm with terminal ductal differentiation originating from the sweat glands, which may be apocrine or eccrine lineage proliferation, first described by Pinkus et al in 1956 [1,2].

It is usually diagnosed between the fourth and seventh decade of life and the evolution time varies from one month to ten years. Topography can vary, with the main sites affected being the distal extremities, palms and fingers, being less common on the forearms, eyelids, chest, scalp, external auditory canal, hips, buttocks and abdomen [3,4].

The pathophysiology consists of a proliferation of keratinocytes with small monomorphic nuclei and scarce eosinophilic cytoplasm, in addition to small collections of cells with coagulative necrosis. The pigmentation of the eccrine poroma can be explained from two theories: the first refers to the melanocytes present in the cellular beginnings of the eccrine ducts during the 14th week of intrauterine development, which were not eliminated during the maturation process; and the other hypothesis is that it comes from epidermal melanocytes [5].

It presents as solitary papules, plaques or nodules, its size is variable, from 4 mm to 20 cm in diameter, with an average of 2 cm 4 and the location can be restricted to the epidermis (a pattern known as simple hydro acanthoma); may occur in broad continuity with the epidermis (juxta epidermal poroma); or they may develop exclusively within the dermis (intradermal poroma) [2].

Surgery is the treatment of choice for eccrine adnexal diseases, since this type of disease requires surgical resection with wide and tumor-free margins, given that its recurrence rate in the literature can be high and malignant degeneration is frequent in cases of tumors larger than 2 cm [4,6].

The patient reported above presented a case of eccrine poroma in the anal region, a atypical location for this type of skin tumor, and the successful surgical treatment without the presence of malignancy in the sample was considered curative. The frequent malignant degeneration in this pathology leads us to deduce that the treatment of our patient was timely and early, which seems to be ideal in cases of eccrine poroma.

Research Ethics Committee Approval

We declare that the patient approved the study by signing an informed consent form. The study followed the ethical guidelines established by the Declaration of Helsinki.

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