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Eccrine Spiradenocarcinoma- A rare case report.

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ABSTRACT

Spiradenocarcinoma is a very rare tumour of cutaneous sweat glands. Annual incidence rate of sweat gland tumors is about 5.1 cases per 1 million people. The case is being presented for its rare incidence, rare site and unusual clinico-morphological appearance. In the present case immunohistochemical assays may be helpful to clarify the diagnosis and differentiate eccrine spiradenocarcinoma from subcutaneous tumors exhibiting similar clinical and histological presentations.

Keywords: Spiradenocarcinoma, eccrine, cutaneous, immunohistochemical.

INTRODUCTION

Eccrine spiradenocarcinoma (ES) occurs as a solitary intradermal nodule, slow-growing lesion, 3-7.5 cm in size, mobile and firm and sometime painful in nature.[1] It is located on the trunk, extremities , head and neck region. Lesion may be present from 7 months to 30 years.[2] ES can appear at any age, and no gender predominance has been reported.[3] The treatment of choice of ES is surgical excision with clear margins, while recurrence has been documented in the literature.[4-7]

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CASE REPORT

Case summary

A 70 years male presented in the surgery OPD with the complaint of swelling forearm [Figure 1] since 10 years. It started increasing in size since few months. However, it was not associated with any pain or discharge. A clinical diagnosis of benign cystic swelling was made and the swelling was excised under local anaesthesia and was sent to the department of pathology.

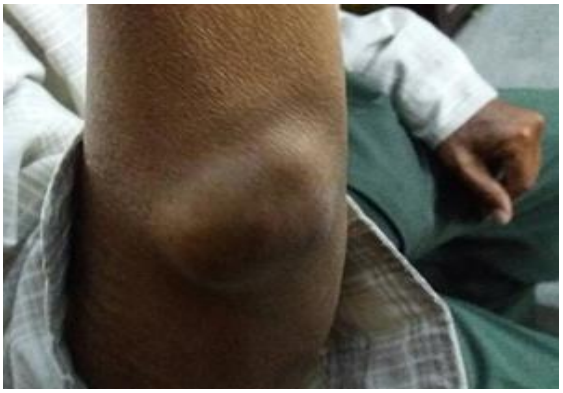

Figure 1: Firm, non-tender, well-defined swelling, not fixed to bone, mobile, overlying skin normal with temperature not raised.

Histopathological examination
Grossly: A soft tissue piece measured to be 4x3.5x1.5 cm, greyish brown in colour [Figure 2]

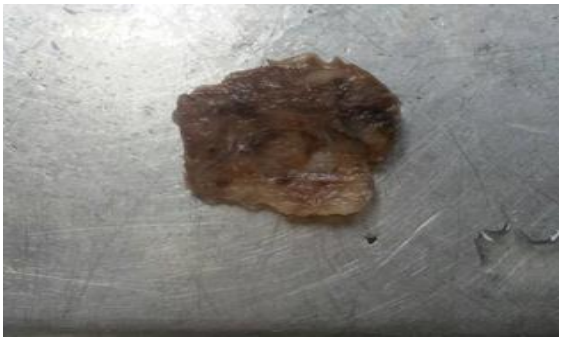

Figure 2: Soft tissue piece greyish brown in colour

Microscopically, Sections show well circumscribed lesions lying in nests, cords, acinar and trabecular pattern of epithelial cells. The cells are large with variable amount of granular acidophilic cytoplasm with distinct cell border, nuclei are vesicular with dispersed chromatin with prominent mitotic activity. The nests and trabeculae are separated by fibrous tissue septa of variable thickness. [Figure 3 & 4] Focal areas of necrosis and haemorrhage is appreciated. [Figure 5]
Histopathological feature of suggestive of eccrine spiradenocarcinoma.

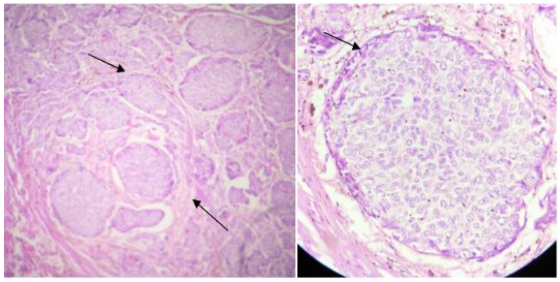

Figure 3 & 4 : Photomicrographs(H& E 10X and 40X) showing nests ,trabeculae of malignant epithelial cell having variable amount of granular acidophilic cytoplasm with distinct cell border, nuclei are vesicular with dispersed chromatin with nests and trabeculae are separated by fibrous tissue septa of variable thickness.(arrows)

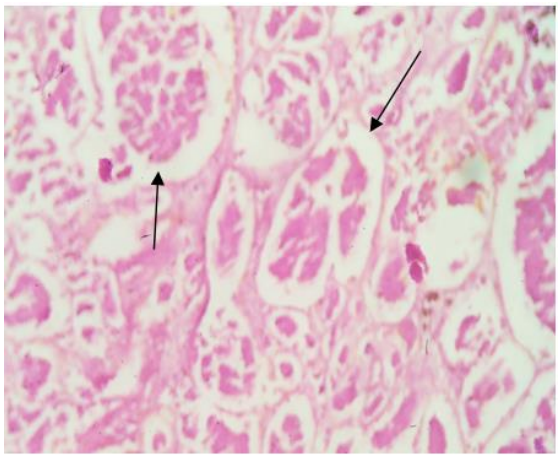

Figure 5: Focal areas of necrosis

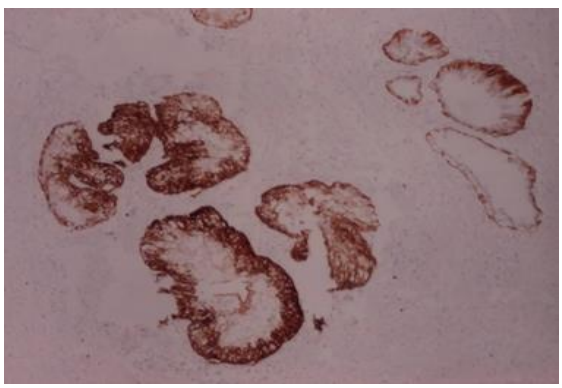

Figure 6: Ck7 Positive

DISCUSSION

Malignant eccrine spiradenocarcinoma is a very rare tumour.[5] This is located on trunk, extremities and head and neck region.[1] All tumours are large as average 7.5 cm and lesions had been present from 7 months to 30 years before surgical removal.[2] as in our case lesion was present from years but now increased in size since few months. Diagnosis in these cases was established based on packed, monotonous, basaloid epithelial cells with scant cytoplasm and round oval nuclei and peripheral smaller cells with hyperchromatic nuclei, increased nuclei to cytoplasmic ratio, hyperchromasia and marked mitotic activity. These tumours showed focal squamous differentiation.[3] Radiologically, it is well defined isodense nodule with hypoechoic mass. The various immunohistochemical stains used - p63, Calponin, Ck7, CD117 and S100 are positive.[2] In our case it is Ck7 positive.

CONCLUSION

Eccrine spiradenocarcinoma is one of some rare adenexal tumours and can be diagnosed by histopathologically and confirmed by immunohistochemistry. So clinicians and pathologist should be aware of this rarity.

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