Abdominal eccrine poroma: A new Histo-dermoscopic image

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Abstract
Eccrine poroma is a rare benign tumour of the adult. It has a clinical-histological polymorphism, it is located mainly in the areas rich in eccrine glands, particularly the palm-plantar area, but atypical localizations are described, particularly in the abdomen. Our case is a man of 87 years old, who had presented a unique tumour at the abdominal level, which is worrying because it looks like a melanoma or porocarcinoma. Histology has allowed to eliminate the malignant proliferation. The eccrine poroma is a rare tumor, the clinical aspect is very polymorphic, histology is essential in these cases to eliminate the malignant tumors.

Keywords: eccrineporoma, dermoscopy, abdominal

Introduction
Eccrine poroma (EP) is a benign sweat gland neoplasm that accounts for approximately 10% of sweat gland tumors (1). We report a patient with a non-specific skin lesion and dermoscopy but a typical eccrine poroma histology at the abdominal level.

Case report
87 years old man, followed in neurology for an ischemic cerebrovascular accident under treatment, sent by his neurologist for a lesion at the abdominal level. This lesion appeared more than 15 years old, with a progressive increase, bleeding sometimes if manipulation, asymptomatic, without notion of trauma, nor notion of similar case in the family. The dermatological examination had found a smooth erythematous plaque, roughly oval, with clear limits, with an ulcerated center surmounted by a hemorrhagic crust (figure 1), no other lesions, normal abdominal examination, no palpable adenopathy. The Dermoscopy showed a milky pink area, with some glomerular vessels and a central crust (figure 1). Histology detected an epithelial proliferation of trabecular architecture at the epidermal level with extension to the deep, this proliferation made of round poroid and cuticular cells at the epidermal level with extension to the deep dermis.

Discussion
Eccrine poroma is a rare tumor with a very variable clinical and dermoscopic appearance. Most often it is a single lesion with slow growth, asymptomatic, pinkish-red in color, clear borderline, heel between (6-20mm), in some cases it can present a warty surface and ulceration, often located on the soles of the feet, palms of the hands and fingers. However, other anatomical sites of localization, including the neck, chest, forehead, nose and scalp, have also been reported. The clinical differential diagnoses included eccrineporocarcinoma, clear cell acanthoma, amelanotic melanoma and squamous cell carcinoma (2). Chessa and al. had shown several dermoscopic features of eccrine poroma in 26 patients,they found polymorphous vessels were detected in all cases, consisting of glomerular, linear irregular, flower-like vessels and corkscrew vessels. Milia-like cysts milky red areas were also present, comedo-like openings, mimicking a seborrheic keratosis (3). Histopathologically, the neoplasm consists of poroid and cuticular cells and tubular dermal structures which are continuous with the epidermis.

Conclusion
The eccrine poroma presents a very variable clinical and dermoscopic aspect, with a characteristic histology which
Allows a Histo-dermoscopic correlation in order to characterize the different aspects present.

Declaration of interests
The authors declare that they do not have any conflicts of interest by relationship with this article.

References