

Eccrine poroma. A case report

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Case Report

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Background: Objective: To describe the clinical presentation, diagnostic approach, surgical treatment, and outcomes of a patient with plantar eccrine poroma presenting as a long-standing pigmented lesion with recent symptomatic changes.

Introduction: Eccrine poroma is a rare benign adnexal neoplasm originating from the intraepidermal portion of eccrine sweat glands.

Case Description: A 67-year-old female presented with a pigmented plantar lesion of 47 years' evolution that recently became painful and bled intermittently. Histopathological examination confirmed eccrine poroma. Complete surgical excision and reconstruction with a local advancement flap were performed successfully.

Conclusion: Histopathological examination remains essential for diagnosis, and complete surgical excision remains the treatment of choice.

Keywords: Eccrine poroma, case report.

The diagnosis of pigmented lesions in the plantar region presents a clinical challenge due to the variety of benign and malignant entities that can present with similar characteristics. We present the case of a patient with a long-standing eccrine plantar poroma, a rare benign neoplasm originating from the eccrine sweat glands. It is characterized by a single, soft, slow-growing, and asymptomatic tumor. This case is of clinical interest due to the atypical presentation of a pigmented lesion with prolonged growth and recent changes, which raised suspicion of various cutaneous entities, including malignant neoplasms. The educational value of this case lies in highlighting the importance of the differential diagnosis of plantar pigmented lesions, as well as emphasizing the role of histopathology as a diagnostic method to avoid delays in diagnosis and ensure timely treatment.

Case report

A 67-year-old female patient with a medical history of systemic hypertension and type II diabetes mellitus, treated with metformin (dose unspecified), presented with a pigmented plantar lesion that had grown slowly over 47 years and had begun bleeding and sharp pain in the last two years. Physical examination revealed a pigmented, verrucous lesion on the plantar surface, leading to a differential diagnosis that included eccrine poroma, verrucous epidermal carcinoma, epithelioma cuniculatum, and amelanotic melanoma (Figure 1). An incisional biopsy of the lesion was performed to confirm the diagnosis, which was an eccrine poroma (Figure 2-3). Treatment consisted of complete resection of the lesion (Figure

4), and no recurrences were observed during subsequent follow-up.

Discussion

Eccrine poroma is a benign skin tumor that accounts for approximately 1% of all primary skin tumors. It typically presents on the palms and soles in patients over 40 years of age. Its etiopathogenesis has been associated with genetic fusions, specifically in YAP1, present in up to 92% of cases, which induce cell hyperproliferation. External factors such as ultraviolet (UV) radiation, Merkel cell polyomavirus infection, and immunosuppression have also been associated with its development (1). Clinically, poroma can manifest as a papule, plaque, or verrucous or papillomatous nodule, with variable coloration ranging from pinkish-red to completely pigmented. This can lead to diagnostic confusion with benign and malignant tumors, including melanoma, pyogenic granuloma, plantar warts, or basal cell carcinoma. Dermatoscope examination reveals branching vessels with rounded ends, areas of white interlacing around them, structureless yellow areas, and milky-red globules. Although not a specific diagnostic technique, it is a non-invasive tool that can be very useful in guiding the diagnosis of eccrine poroma (2). The most effective treatment for eccrine poroma is surgical resection of the lesion. Complete excision is usually curative, and recurrences are uncommon, although cases of cure with cryotherapy have also been reported (3). This case is noteworthy because, in cases of long-standing chronic plantar lesions that present recent changes, it is essential to consider differential diagnoses and perform timely histopathological



Figure 1. Amelanotic melanoma.

examination. Errors to avoid include assuming benignity solely due to the lesion's long history and failing to perform a biopsy in the face of recent clinical changes.

Conclusion

Eccrine poroma is a rare, benign skin tumor, primarily located on the palms and soles. It is mostly asymptomatic, although some patients report pain or itching. Its etiopathogenesis is still being studied, but a strong association with YAP1 has been observed. New treatment methods, such as cryotherapy, continue to be developed; However, surgical resection remains the treatment of choice, with very low recurrence rates. It is important for healthcare professionals to consider differential diagnoses, as eccrine poroma can mimic other skin lesions, both benign and malignant.

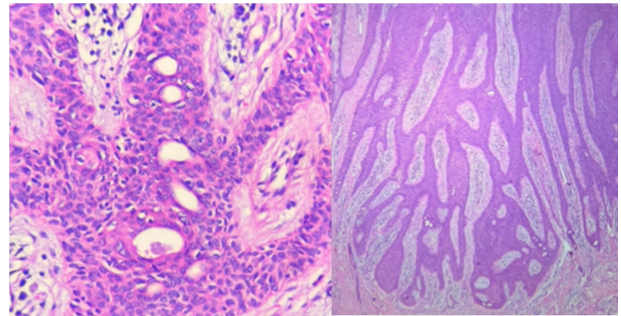


Figure 2. Eccrine poroma pathology.



Figure 3. Local advancement flap.

Acknowledgements

I would like to acknowledge the staff involved in the management of this patient for their excellent work.

References

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