Dermoscopic features of nonpigmented eccrine poroma

Eccrine poroma (EP) is a benign sweat gland neoplasm that represents roughly 10% of sweat gland tumours and appears predominantly between the fourth and sixth decades of life.

Clinically and dermoscopically the tumour has a variety of presentations. It often manifests as a single slow-growing, pink-to-red, well-circumscribed lesion. In some cases, it can present with a verrucous surface, scales and ulcerations.

EP occurs commonly on the soles, palms and fingers in adults. However, other anatomical sites of localization, including the neck, chest, forehead, nose and scalp (with or without naevus sebaceous association), have also been reported.

The aim of this study was to evaluate dermoscopic features of one case of nonpigmented EP and to compare with those already published in literature.

A 77-year-old woman presented to our skin cancer unit with a 13-year history of a progressively growing lesion located on her right sole. She reported that it occasionally bled.

Physical examination showed a well-circumscribed, pink-to-red, sessile vascular plaque, 25 mm in diameter, surrounded by thin indented moats (Fig. 1). Dermoscopy revealed a polymorphous vascular pattern, composed of milky-red globule/lacuna-like areas surrounded by a pink to white halo, with an ivory halo around the entire lesion (Fig. 1).

The clinical differential diagnoses included EP, clear cell acanthoma, amelanotic melanoma and squamous cell carcinoma.

Histopathological examination of a punch biopsy revealed broad columns of basaloid cells with scarce cytoplasm extending into the dermis. Small duct-like structures were also seen. These features were consistent with a diagnosis of EP.

Few studies conducted to date have reported the dermoscopic features of EP. According to Lallas *et al.*, EP is characterized by wide dermoscopic variability. In their eight reported cases, the clinical and dermoscopy features were not sufficient to achieve the diagnosis, and the authors described EP as displaying arborizing vessels and blue–grey ovoid nests, resembling basal cell carcinoma. Other samples displayed irregular vessels, indicating amelanotic melanoma as a differential diagnosis. Also seen were perivascular whitish halos, which represent a sign of keratinization, and the presence of vascular structures

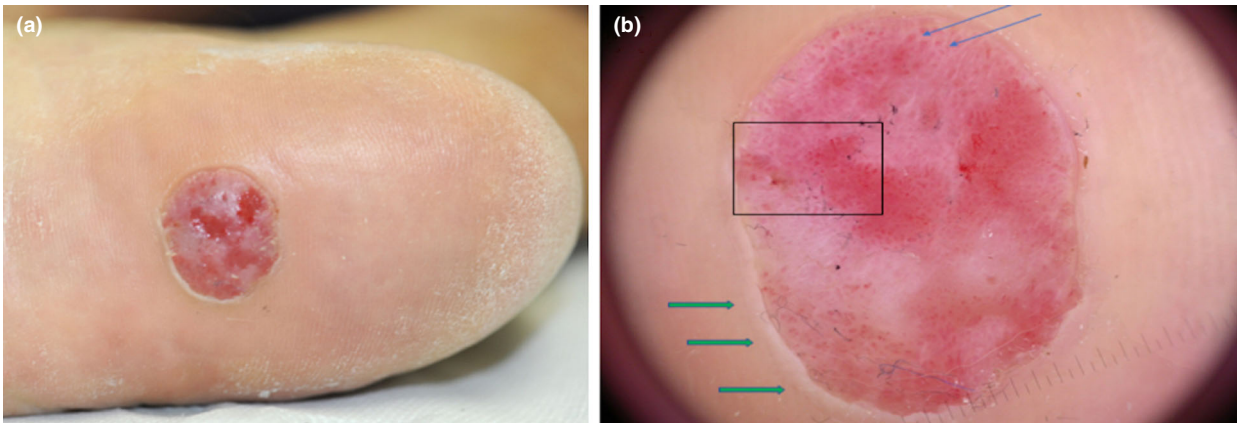

Figure 1 (a) Clinical presentation of eccrine poroma, presenting as a well-circumscribed pink-to-red plaque approximately 25 mm in diameter, located on the right sole. (b) Dermoscopy showed milky-red globules and lacuna-like areas surrounded by a pink to white halo (blue arrows), with an ivory halo (green arrow) surrounding the lesion itself.

resembling the lacunas of angioma.[1] Therefore, these dermoscopic findings should lead to biopsy.

Altamura *et al.* reported the dermoscopic features in a case of nonpigmented EP. They described pink to reddish, irregularly shaped and sized structures, reminiscent of milky-red areas, red lacunes and linear irregular vessels.[2] We also reported the presence of polymorphous vascular pattern and milky-red areas.

A peculiar flower-like vascular structure was reported by Aydingoz, and was later found in 42% of EP in the larger series published.[3,4]

Marchetti *et al.* reported the most common dermoscopic features associated with poroma including white interlacing areas around vessels, yellow structureless areas, milky-red globules and poorly visualized vessels. They demonstrated in their study that the presence of any of these five features is associated to EP with a sensitivity and specificity of 62.8% and 82.0%, respectively.[5]

Currently the data in literature are restricted by a low number of reports, in this way EP, as the case retracted, may demonstrate vascular pattern resembling nonpigmented skin tumours. And since the polymorphous vessels are a well-known sign of malignancy, a biopsy should be performed.

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Eccrine porocarcinoma in a patient with Schöpf–Schulz–Passarge syndrome

A 77-year-old woman with known Schöpf–Schulz–Passarge syndrome (SSPS), leading to palmoplantar keratoderma, eyelid apocrine hidrocystomas, hypodontia and hypotrichosis, was found to have a friable nonhealing nodule on her right heel (Fig. 1a,b).

Histological analysis of the lesion proved to be challenging. An initial punch biopsy showed an ulcerated tumour comprised of islands of monomorphic cells with duct formation pushed deep into the dermis, and a lace-like pattern of infiltration. At this point, a diagnosis of eccrine porocarcinoma was favoured over poroma, owing to the presence of desmoplastic response and focal

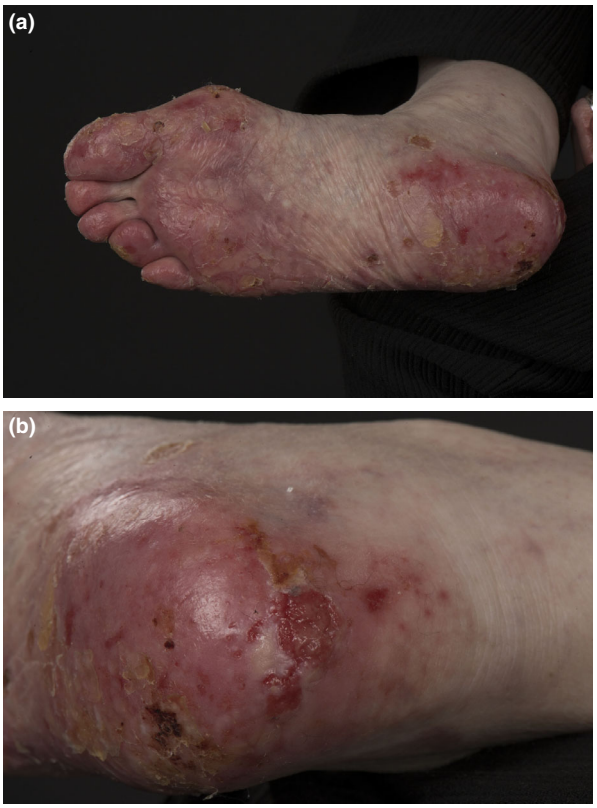

Figure 1 (a) The patient's right plantar foot showing keratoderma and (b) a friable nodule on the heel.