

Blossoming Mystery Mole or More?

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Brief Case History



- 64-year-old man
- Occupation: Grounds man
- Fitzpatrick Skin Type II, no previous dermatological history or skin cancer.
- Presented with a lesion which started as a 'small mole' and growing over the past 2 years.
- Lesion can be tender.
- On examination: well-defined 25 x 25 mm pink, smooth, exophytic nodule.

Macroscopic Image



Dermoscopic Image



Dermatoscope brand: Dermlite Foto II pro (13mm lens)

Magnification: 10x

Differential Diagnosis

Amelanotic
Melanoma

Basal Cell
Carcinoma /
Fibroepithelioma of
Pinkus

Squamous Cell
Carcinoma

Eccrine
Poroma/carcinoma

Management

01

Same Day Excision

Complete excision with 2mm clinical margin
(to fascia level)



Wound Closure

Partial closure with purse string suture (3/0
monocryl) and secondary intention healing.

02

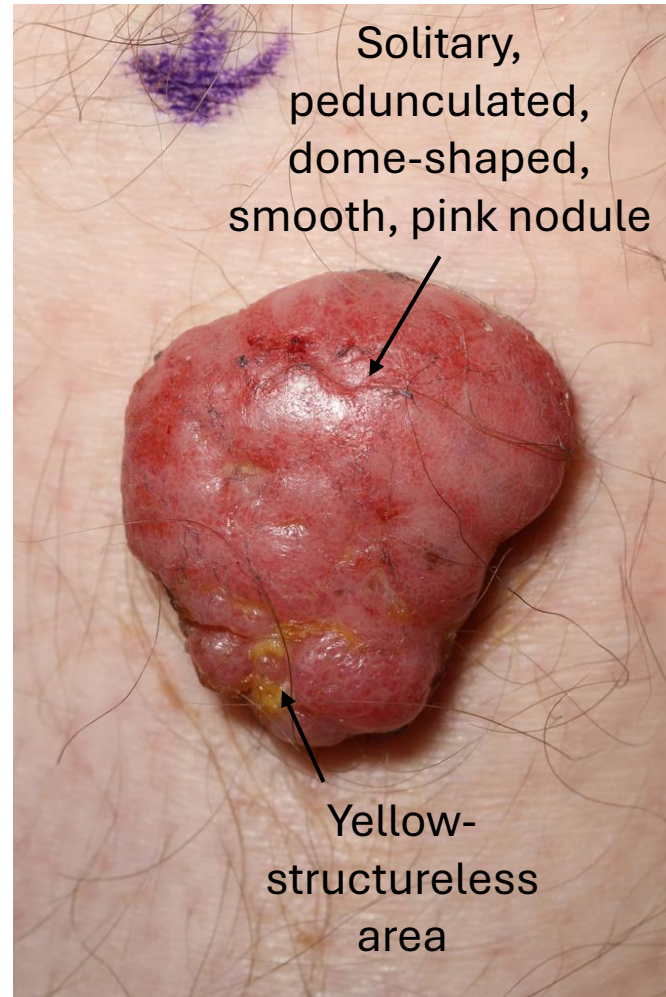
03

Post-operation

Dressings: mupirocin, aquacel, Mepilex border.
Virtual wound check after 1 week.



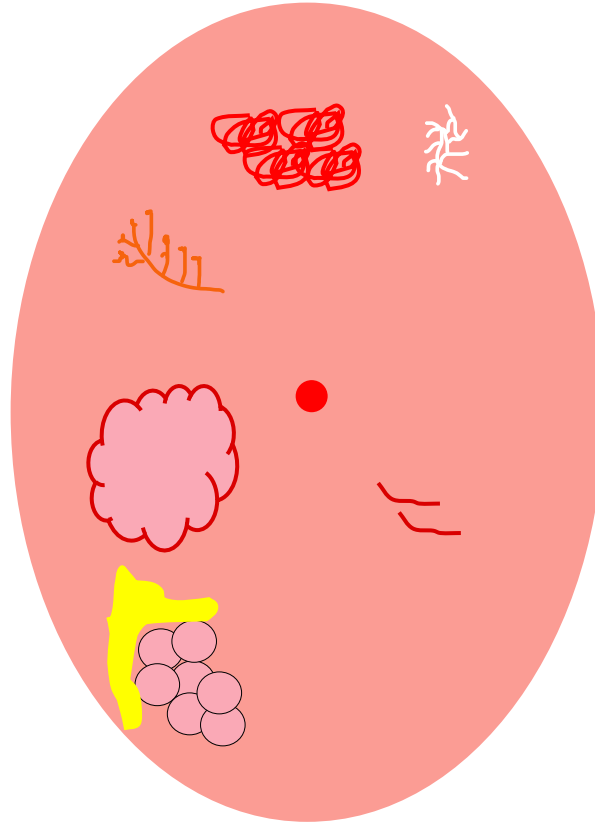
Macroscopic Image - Annotated



Dermoscopic Image

Dermoscopic Features:

- Cherry-blossom like structure
- Glomerular vessels
- White interlacing areas around blood vessels*
- Milky-red areas
- Blood spot
- Linear vessels
- Milky-red globules*
- Yellow-structureless area*



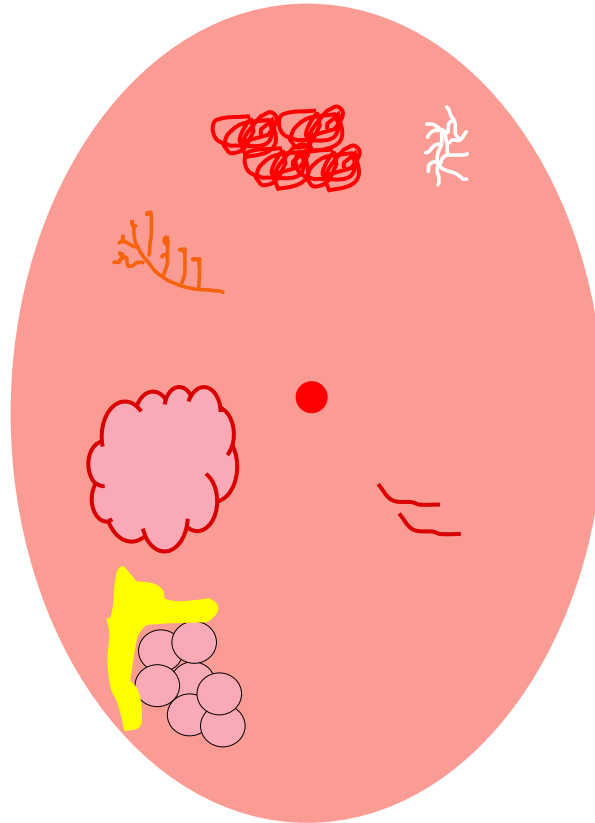
* = Most specific to poroma



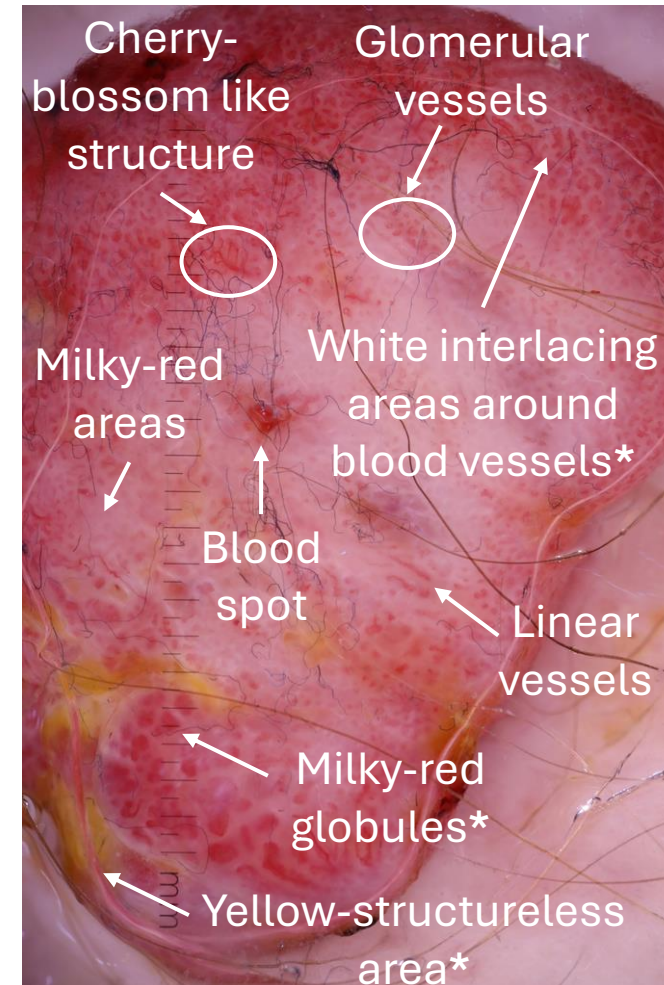
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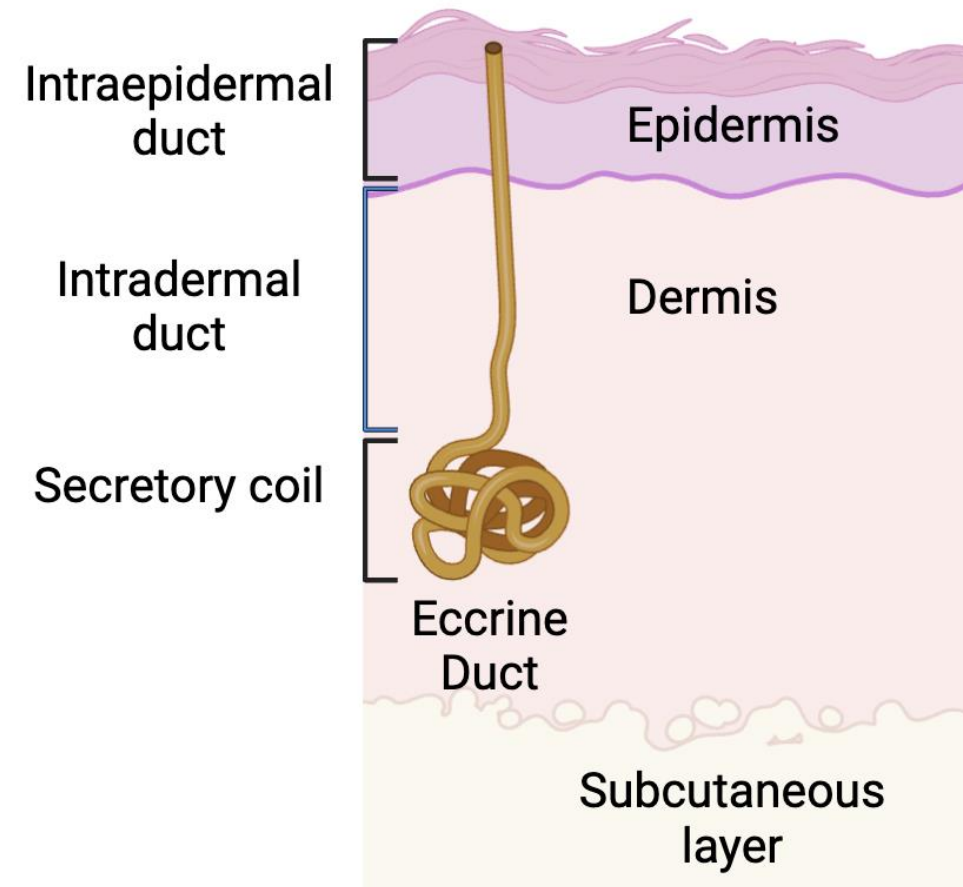
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Summary of Diagnosis & Associations

Diagnosis: Eccrine Poroma

- A rare (<0.1%) **benign** adnexal tumor.
- Can be histopathologically classified into four types, based on the location of the poroid cells relative to the epidermis: Poroma, Hydroacanthoma Simplex, Dermal Duct Tumor, and Poroid Hidradenoma. Our gentleman had **poroma**, which arises from the **intraepidermal** ductal portion of **eccrine sweat glands**, extending into the dermis.
- Mostly found in **middle-aged** and above, with no sex predilection.
- Mutations in the **HRAS gene**, or fusion of **YAP/TAZ genes**, lead to uncontrolled cell growth and inevitably to cancer.
- Small risk of **malignant transformation to eccrine porocarcinoma** with poor prognosis.
- Features suggesting malignant transformation include spontaneous **bleeding, itch, pain, ulceration**, or **sudden growth** in a short period.



Sweat Gland illustrated with BioRender.

Learning Points: Eccrine Poroma

1

Distribution

Most commonly seen in **acral areas**, followed by the head & neck, and lower extremities.

2

Clinical Features

Soft, asymptomatic, papular/nodular, moist with a **pedunculated base**. Color ranges from **tan to red/pink**.

3

Dermoscopic Features

Highly variable. It can mimic as **seborrheic keratosis, amelanotic melanoma, and many more**.

4

Common Pitfalls

- Dermoscopic features are **highly variable**.
- Can also appear in less common locations such as the **eyelids & vulva**.
- To avoid missing malignancy, any lesion with **polymorphous vessels, ulceration, or shiny white structures** should be biopsied.
- **Poor wound healing** in lower limbs.

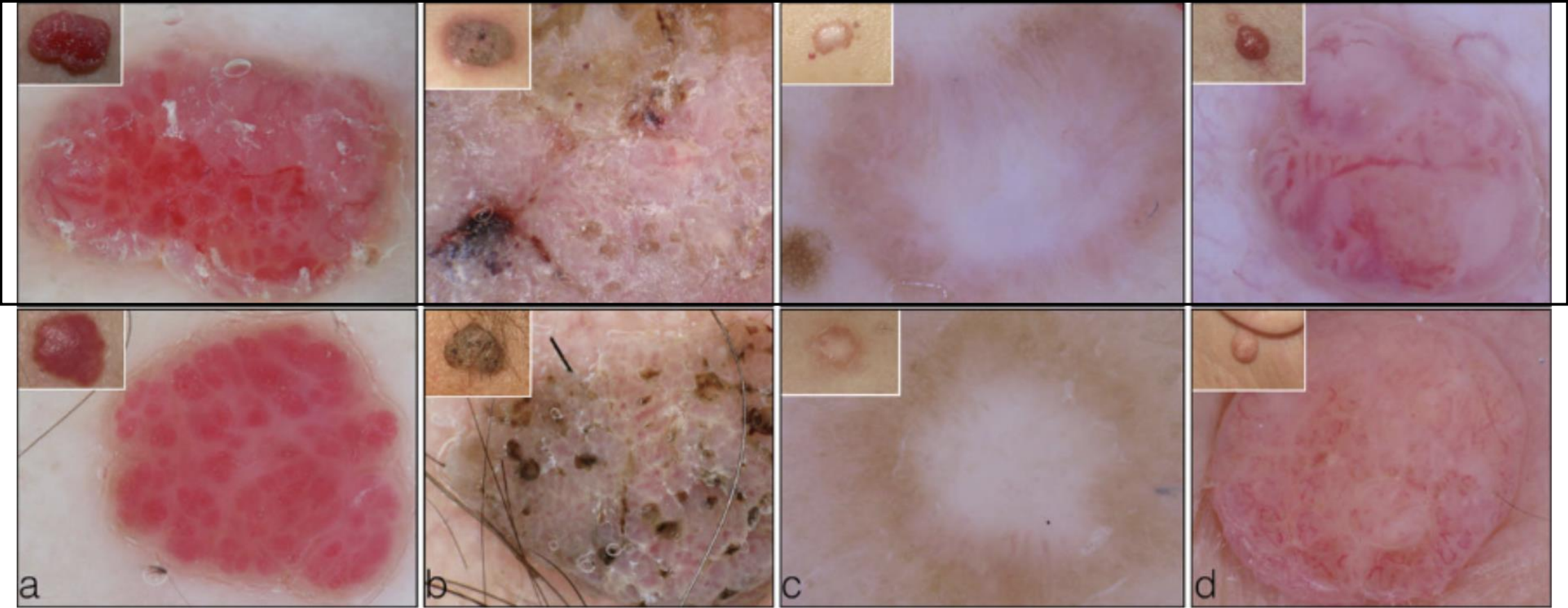
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Management

Surgical excision is the main modality of treatment and would be curative.

Great Imitator: Eccrine Poroma

Eccrine Poroma



a) Haemangioma

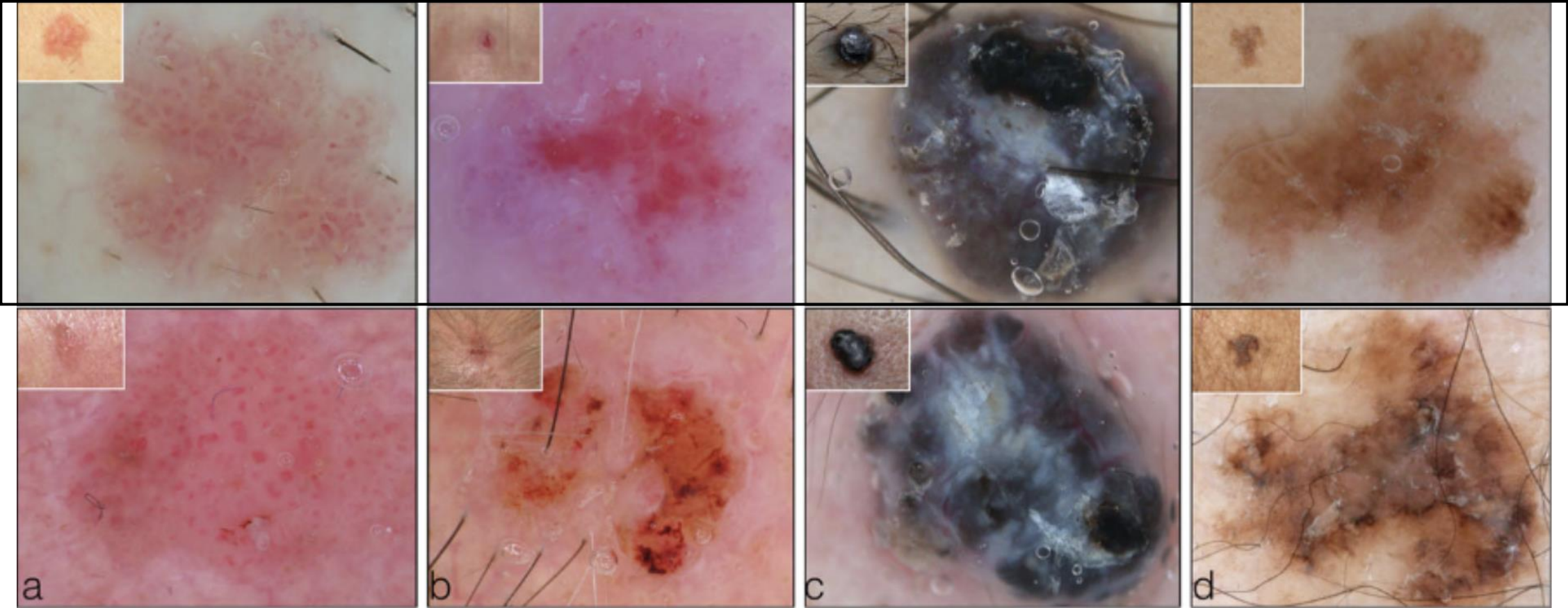
b) Seborrheic Keratosis

c) Dermatofibroma

d) Dermal Naevus

Great Imitator: Eccrine Poroma

Eccrine Poroma



a) Bowen's Disease

b) SCC

c) Pigmented BCC

d) Melanoma

Acknowledgements



Lynsey Eddy



Dr Batoul Nasr

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References

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