Eccrine Porocarcinoma (EPC) is an important and often overlooked differential diagnosis for the more common Squamous Cell Carcinoma (SCC). Thus, it is important for clinicians to recognize it and formulate treatment accordingly. A case report typifying the pitfalls in the diagnosis of this neoplasm in relation to SCC is presented.

Key words: Squamous cell carcinoma. Eccrine procarcinoma. Biopsy. Tumour.
as they are commonly mistakenly diagnosed as squamous cell carcinoma or pyogenic granuloma. Squamous differentiation is a common feature of EPC and in small specimens, it may be impossible to distinguish the two. EPC is found in order of frequency on the lower limb, trunk, head and upper limb, and malignant spread presents as epidermotropic deposits.\(^5,6\)

Histologically, eccrine porocarcinomas are asymmetric, poorly circumscribed tumours composed of basaloid cells of irregular size and shape that form crowded intraepidermal nests and islands that invade the dermis. The epidermis is commonly acanthotic with parakeratosis overlying the involved areas. Nuclear pleomorphism and mitotic figures may be observed. On occasion, tumour cells contain glycogen with clear cytoplasm; Diastase Periodic Acid–Schiff (DPAS) staining confirms that the cytoplasm of these cells contains glycogen.\(^5,6\)

The diagnosis of EPC is established by the presence of primitive ductal differentiation, or intracytoplasmic lumen formation. Reactivity with DPAS, Epithelial Membrane Antigen (EMA) and Carcinoembryonic Antigen (CEA) is consistent with EPC and not with SCC.\(^5,6\)

A recurrence rate of around 20% has been reported. Metastasis to lymph nodes has been reported in about 20% of patients, as well as reports of distant metastasis. There is an approximately 67% mortality in patients with lymph node metastasis.\(^5,7\)

The treatment for primary eccrine porocarcinoma is wide local excision. There is no record in the literature of the recommended margin of excision, which may have an effect on tumour metastasis and patient survival. Mohs surgery is another treatment option.\(^7,8\)

The treatment of metastatic eccrine porocarcinoma is even more complex, and at present, there is no established protocol. Its resistance to several chemotherapeutic agents and to radiotherapy has been documented.\(^9,10\)

Although a rare tumour, eccrine porocarcinoma should be remembered by clinicians in the differential diagnosis of epidermal tumours, especially SCC.

**REFERENCES**


