INTRODUCTION
Eccrine Porocarcinoma (ECP) is a malignant tumour arising from the intraepithelial ductal parts of the sweat gland. It has also been described as malignant hidroacanthoma simplex, sweat gland carcinoma, malignant intra-epidermal eccrine poroma, eccrine poroepithelioma, dysplastic poroma, malignant syringo-akanthoma and porocarcinoma. Treatment with wide local excision but metastatic lesions can be treated with chemotherapy. Here, we present a case report of a 52-year-old male who presented with a fungating growth on left pre-auricular region that came out to be a case of ECP on histopathological examination.

CASE REPORT
A 52-year-old male presented with history of mass in left infraorbital region for the last one year. This mass was gradual in onset, painless and not associated with any history of fever, weight loss and anorexia. He consulted a general practitioner in his home town who prescribed him symptomatic treatment. Mass progressed with time. He underwent wide local excision of mass by the plastic surgeon. Histopathology was metastatic carcinoma, particularly of neuroendocrine origin, or primary eccrine carcinoma with positive margins of excision. Immunohistochemistry was in favour of primary eccrine carcinoma. CKAE1/AE3, CEA, CK7 markers were positive while TTF-1, Synaptophysin and NSE were negative. Further treatment was suggested but he did not come for follow-up for 4 months. Four months after surgery, he developed multiple neck nodes on the same side. The largest node was in left pre-auricular region, while remaining were at level III, IV and V (Figure 1). This node was fungated and ulcerated with foul smelling pus discharge. Then, he was referred to Nuclear Medicine Oncology and Radiotherapy Institute (NORI) for further management. Here, he was investigated thoroughly and found to be having no distant metastases. He was started chemotherapy considering it a case of locally advanced skin appendage tumour. He received four cycles of Cisplatin (75 mg/m²) and Doxorubicin (50 mg/m²) on day-1 without any significant response. Last cycle was given on September 04, 2008. After failure of chemotherapy, he was planned for palliative radiotherapy 30 Gy in 10 fractions completed over a period of 2 weeks. He responded well with almost 60% clinical response.
DISCUSSION

Skin adnexal tumours are uncommon and are seldom allowed to become large. Their clinical appearance is usually non-specific and a majority are diagnosed histologically. Eccrine poroma and porocarcinoma, however, often have a pink, moist, shiny surface that is a diagnostic clue. This tumour most often occurs in the elderly with average age at diagnosis between 60 and 80 years. The average time from tumour onset to treatment varies, reported in a recent series to be 4 years. Some porocarcinomas arise from a pre-existing benign lesion (eccrine poroma), manifesting with recent increase in size, tenderness, and (rarely) becoming malodorous.

The clinical appearance of this rare neoplasm varies. It can appear as a nodule, a dome-shaped, infiltrated or erosive plaque or as a polypoid growth that tends to ulcerate. The average size of primary tumour is 2.4 cm. Clinical differential diagnoses include cutaneous squamous cell carcinoma, cutaneous lymphoma, extramammary Paget's disease, Bowen's disease, cutaneous metastases, amelanotic melanoma, or other primary skin-appendage tumour.

Eccrine porocarcinoma has metastatic potential and a propensity for local recurrence, and is noted to have invasion of dermal lymphatic vessels early in the disease process. There is also a propensity for epidermotropic metastases. However, a large case series of eccrine porocarcinoma suggests that the incidence of an aggressive clinical course is less than previously believed, with a regional metastatic rate of only 20%. Once metastasized, however, prognosis is poor with a mortality rate of 75-80% according to a large case series.

Eccrine porocarcinoma, although a rare neoplasm, should always be considered in the differential diagnosis of any moist exophytic tumour, especially in the elderly. In all suspected cases, the treatment of choice is excision. The exact incidence of this rare malignancy is not known. However, a study done by Yaqoob and colleagues at the Aga Khan University Hospital, Karachi, found a 12% frequency of this malignancy out of the total skin tumours reported in a duration of five years (1997-2001). Porocarcinoma and sebaceous carcinoma was the most common malignant tumour diagnosis in that study.

REFERENCES