Eccrine poroma in neck of a child - a rare presentation

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ABSTRACT

An eccrine poroma is a common benign tumour arising from the eccrine sweat gland duct epithelium in the dermo-epidermal region. Its occurrence in the neck region in pediatric age group is a rare entity. Here we report a case of an eccrine poroma in the retro-auricular area just below and behind the lobule of the left pinna in a nine years old child.

Key words: eccrine poroma, neck, child.

Eccrine poroma is a common benign tumour arising from the eccrine sweat gland duct epithelium in the dermo-epidermal region, first described in 1956, by Pinkus et al. It is more common in the middle aged or elderly person of either sex as a painless, solitary, sessile mass varying in size from 2mm to 20mm, commonly seen in palms or soles or sides of the feet. Hands and fingers are the other sites reported. It is rarely seen in neck, chest and nose. It is even rarer in children.

It is firm in consistency, raised away from the surface and sometimes pedunculated. Malignant changes in long standing cases have been recorded when these lesions present with pain, sudden increase in size, bleeding or itching. Here, we report a rare case of benign eccrine poroma in the left retro-auricular area in a child.

CASE

A nine years old child, a student of class 5, presented to ENT OPD with the complaint of swelling below and behind the left ear for the last nine months, the swelling was increased gradually, progressive in nature and not associated with pain or the discharge. Clinically, the swelling was globular, of the size of 2 x 1.5 cm, situated in the left retro-auricular groove, just below the left ear lobule.

The swelling was firm in consistency, fixed to the skin but mobility was present on the deeper plane. Swelling was non-tender and non-compressible. With the clinical diagnosis of the sebaceous cyst, the FNAC was done which confirmed the diagnosis. Following the FNAC, the swelling became infected and started discharging. The patient was treated with antibiotics.

The swelling changed the character and it then became exophytic, cauliflower like growth pattern invading the skin with some persistent discharge not controlled by antibiotics (Fig-1). Local wide excision was done under general anaesthesia and sent for the histopathology. Histopathology (Fig-2, photomicrography with 200 times magnification,) shows tumour in the epidermis comprising of broad anastomizing bands with sharp demarcation from the stroma. Note the small uniform, round deeply basophilic nucleus connected by intercellular bridges.

DISCUSSION

Benign eccrine poroma arises from the intraepidermal portion of the eccrine sweat gland duct. It arises within the lower portion of the epidermis and it proliferates downward into the dermis, consisting of broad anastomizing bands. The tumour cells contain significant amount of glycogen. In most of the cases, narrow ductal...
lumina or cystic spaces may be found. Eccrine poroma is sometimes located entirely within the epidermis or within the dermis. The dermal one is referred as dermal ductal tumour.\(^3\)

Eccrine poroma is fairly common solitary tumour found on sole or sides of feet, in about two thirds of cases, on hands and fingers.\(^4\) Less frequently in other areas such as neck and nose\(^5\). It is more common in the middle aged or elderly person of either sex as a painless, soft to firm, solitary, sessile mass varying in size from 2 mm to 20 mm. The management of such benign eccrine poroma is complete excision, including surrounding normal skin and subcutaneous tissue. Recurrence after incomplete excision has occurred in different parts of the body. For this reason patient should be closely followed up for recurrence and any malignant transformation\(^6\)-\(^8\). Histologically proven transformation of cases from benign to malignant tumours in other parts of the body have been reported in the literature.\(^9\)

**REFERENCES**