

Case Report



Eccrine Spiradenoma Arising in A Old Scar Tissue: Case Report of A Rare Entity with Brief Review of Literature

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Abstract

Eccrine spiradenoma is a rare benign adnexal tumour thought to be originating from eccrine sweat gland. We describe a case of eccrine spiradenoma arising in old scar tissue in 49 year old woman confirmed by complete resection and histopathological examination. The patient is asymptomatic and pain free 20 months after surgery.

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Introduction

Eccrine spiradenoma is a rare benign adnexal tumour originally believed to be of eccrine differentiation [1]. The tumour has no gender predisposition and can occur at any age. These are most commonly found on the head, neck and upper part of the body. Generally they are solitary tumours but sometimes these can be associated with other sweat gland tumours such as trichoepitheliomas and cylindromas[2].

Case Report

A 49 year old female patient presented with around 1 X 1 cm painful swelling in a scar present on lower anterior left thigh region. Scar was 30 yrs old and was due to surgical excision of a small swelling and patient was not aware of its nature/cause. The swelling

in the scar was noticed 4 yrs back and was of the same size since then. It was painful especially when pressed. There was no history of any discharge or color change. O/E of Left thigh, a 5 X 3 cm longitudinal scar was present in lower anterior region, slightly lighter than the surrounding skin, with a slight elevation in the middle. On palpation, a 1 X 1 cm tender swelling was present in the middle of the scar, mobile, free from underlying tissues but fixed to the scar. Excision biopsy was planned and the swelling was excised along with the scar under L/A. On excision the swelling was found to be 1 X 1 cm, solid, smooth and attached to scar/skin and was sent for histopathological examination.

Pathological findings

Gross examination showed a nodule located in the dermis and subcutis measuring approximately 1.2 × 1 cm in size. The sectioned surface of the mass was gray, yellow.

Histopathologic examination showed a well circumscribed tumour in the dermis extending into the subcutis. The overlying epidermis was intact and the surrounding connective tissue was normal. The tumor nodule comprised of round-to-oval to basaloid cells arranged in lobules, sheets and intertwining cords [Fig 1a and Fig 1 b]. Few areas show pseudorosettes and rounded to polygonal cells arranged around lumina containing hyaline material. PAS stain was also done [Fig 2]. No features of anaplasia noted. Lymphoplasmacytic infiltrate was observed around tumour cells.

Post-op recovery was uneventful and the wound healed well in around 1 week time. Patient was asymptomatic at follow up after 20 months.

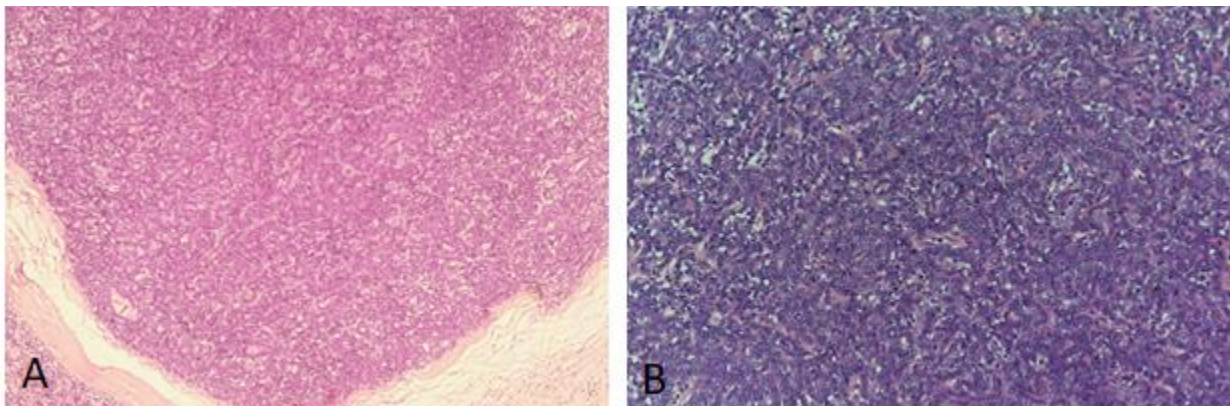


Fig 1: A: Photomicrograph showing a well demarcated nodule in the dermis and subcutis (H &E, 10X), B: High magnification showing basaloid cells arranged in sheets and intertwining cords (H &E, 20X)

Discussion

Eccrine spiradenoma was first described in 1956 by Kersting and Helwig as a sweat gland tumour [1]. But a study showed spiradenoma and cylindroma to express follicular stem cell marker CD200 differentiating them from tumors of eccrine lineage which are CD200 negative. Cytokeratin and smooth muscle actin is also expressed showing their differentiation towards myoepithelial cells. Thus spiradenoma may have their origin in hair follicle rather than eccrine sweat gland [3]. A defective tumour suppressor gene is believed to result in spiradenoma.

The present study showed a case originating in 49 year old female on left thigh. But this can occur at any age and a case in 4 week

old baby has been documented in literature [4].

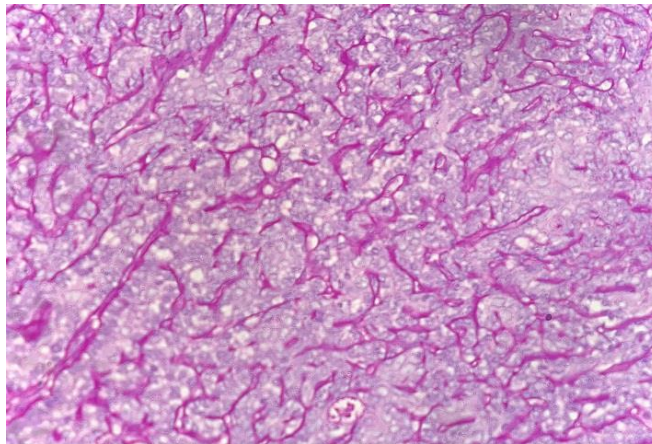


Fig 2: PAS stain highlighting basement membrane material

These are generally painful and has to be differentiated from other painful dermal tumours like angioma, angioleiomyoma and glomus tumours. Clinical picture is not always distinctive and they can be differentiated on histopathologic examination. Spiradenoma consist of sharply demarcated basophilic nodules in the dermis. The cells are generally arranged in cords, islands and sheets but trabecular arrangement has also been described. The two types of cells are small dark basaloid cells with hyperchromatic nuclei and cells with large pale and vesicular nuclei in the centre of the lesions[1]. A help of immune histochemical markers is sometimes required.

In contrast to this infants show less distinct two cell pattern and duct formation is rare [5]. Few cases of malignant transformation in long standing cases of eccrine spiradenomas been reported[6]. Thus early diagnosis and complete surgical excision of eccrine spiradenoma is the standard gold treatment [7].

References

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