Porocarcinoma: an epidemiological, clinical and dermoscopic 20-year study

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Objective

Porocarcinoma is a rare cutaneous adnexal tumor with a variable metastatic potential. Given the paucity of data, guidelines and specific recommendations for porocarcinoma are not yet well-established. In this study, we evaluate the disease-specific characteristics and outcome of this rare and often underestimated tumor.

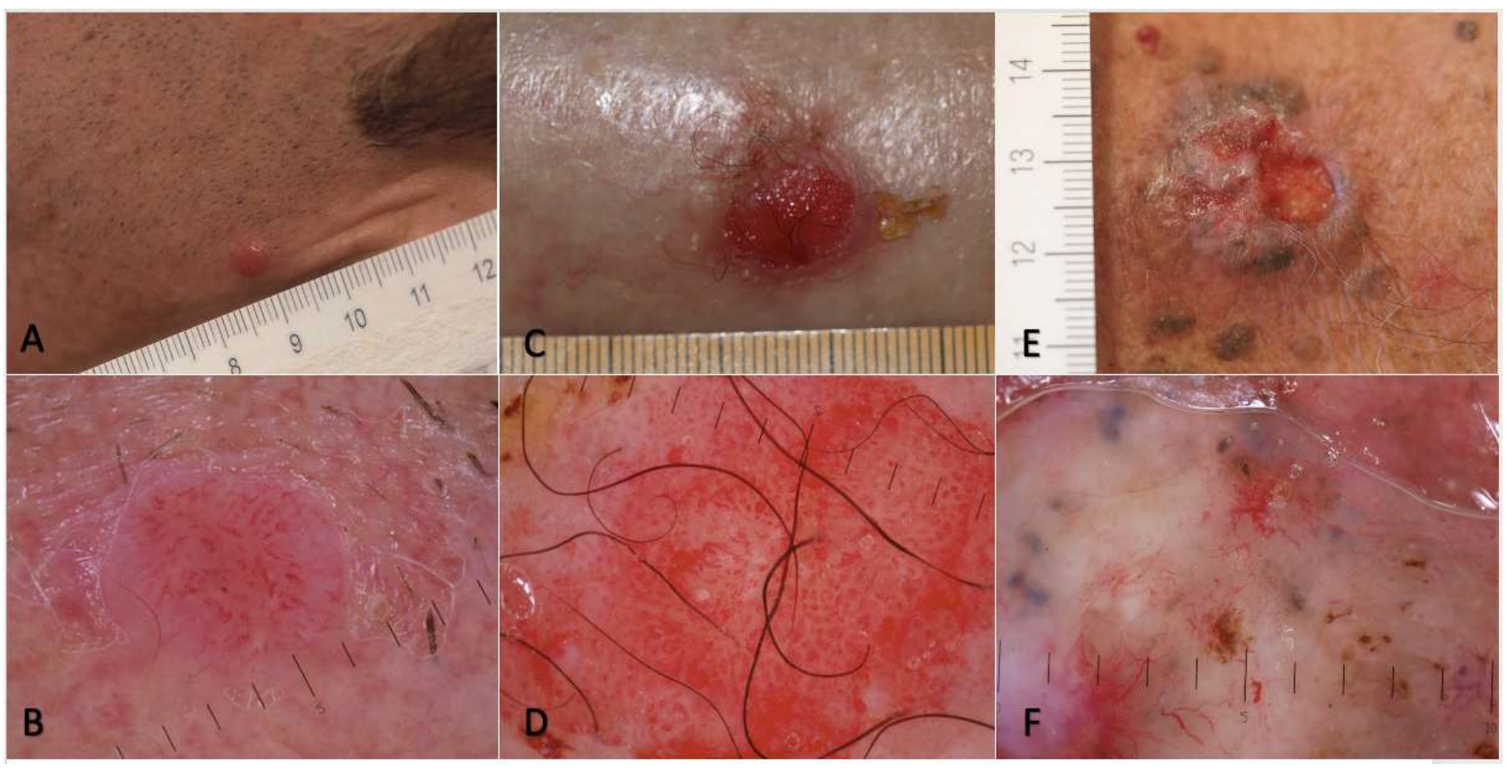
Methods and materials

A retrospective study of the epidemiological, clinical, and dermoscopic characteristics among cases of histopathologically diagnosed porocarcinoma, collected from the database of two skin cancer clinics in Italy (Firenze, Pistoia) from 2000 to 2020, was conducted.

Results

Among the 52 patients with 53 tumors, 31 were men (59.6%) and 21 were women (40.4%) with an age range of 49-96 years (median age 82 years). The most common locations were the head/neck region in men (34% in men vs. 17% in women) and the lower limb in women (17% in women vs. 9% in men). Forty-eight cases (91%) underwent local excision. Of these patients, two (4%) experienced local recurrence, and one (2%) developed a second porocarcinoma on a different anatomical site 1 month after the primary tumor's excision. Lymph node metastases were present in three cases (6%). Two of them have been treated surgically with adjuvant radiotherapy (both are disease-free after a 2-year follow-up period), whereas the third case developed visceral metastases followed by porocarcinoma-related death (Table 1).

Fig. 1 – Clinical and dermoscopic features



A. Clinical view of a dome-shaped, pink 5 mm nodule without ulceration.
B. Dermoscopy of the lesion: A pink structureless area with polymorphous vessels including branched and glomerular vessels and hairpin vessels surrounded by a whitish halo (SCC-like pattern).
C. Clinical view of a round, ulcerative red 14 mm nodule with a small crust.
D. Dermoscopy of the lesion: round pink-red structureless areas surrounded by white halos and an orange-yellowish background with polymorphous vascular pattern including branched vessels with rounded endings (Poroma-like pattern).
E. Clinical view of a oval 13 mm nodule with superficial ulcers.
F. Dermoscopy of the lesion: blue-grey globules of surrounded by shiny white with prominent irregular arborizing vessels (BCC-like pattern).

Fig. 2 – Gender-related anatomic location of primary porocarcinoma

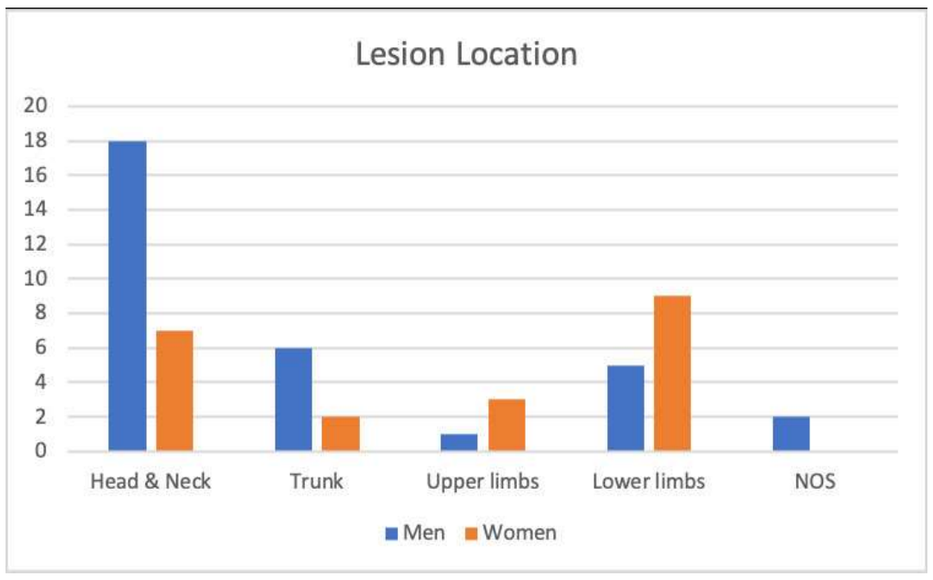
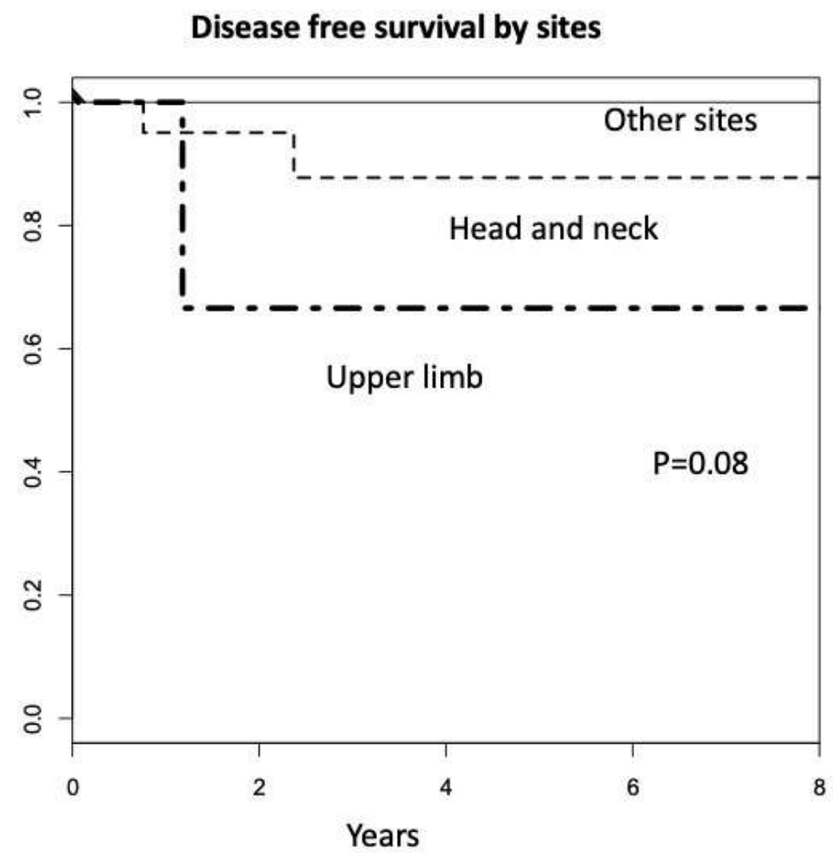


Fig. 3 – Disease-free survival by tumor location



Conclusion

This study, with 52 patients with 53 tumors covering a follow-up period of more than 5 years, shows a less aggressive behavior of porocarcinoma with 4% local recurrence, 6% nodal metastases, and 2% mortality.

References

1. Pinkus H, Mehregan AH. Epidermotropic eccrine carcinoma. A case combining features of eccrine poroma and Paget's dermatosis. Arch Dermatol 1963; 88: 597-606.
2. Mehregan AH, Hashimoto K, Rahbari H. Eccrine adenocarcinoma. A clinicopathologic study of 35 cases. Arch Dermatol 1983; 119: 104-114
3. Meriläinen AS, Pukkala E, Böhling T, et al. Malignant eccrine porocarcinoma in Finland during 2007 to 2017. Acta DermVenereol 2021; 101: adv00363.