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Eccrine spiradenoma : A Rare Adnexal Tumour with An Unusual Presentation

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ABSTRACT

Eccrine spiradenoma is one of the rare adnexal tumors with eccrine differentiation; however, it is considered to have apocrine differentiation. Around 50 cases of eccrine spiradenoma have been reported in the literature. Due to vascularity and painful symptoms, it is often confused with the painful lesions of skin such as glomus tumor and angioleiomyoma. Surgical excision is considered the gold standard for the treatment of these cases, with low rates of recurrence. Here, we present a 55 years old male who presented with history of left infrascapular swelling since five years. It started as a small papule which gradually expanded to the present size over the past five years.Surgical excision was performed and the tissue was sent for histopathological examination. Eccrine Spiradenoma may present congenitally or spontaneously as tumor of the sweat glands with unclear etiology. Early accurate diagnosis is very important in preventing chances of recurrence and more importantly identifying onset of malignant transformation.

Keywords: Adnexal, basaloid, eccrine spiradenoma, immunohistochemistry

INTRODUCTION

Eccrine spiradenoma was first separated from the broad group of benign adnexal neoplasm by Kersting(2) in 1956. It is a very characteristic neoplasm that shows a substantial degree of differentiation towards the eccrine unit. It is uncommon condition, appears mainly in young adults. It is one among the painful tumours of the skin.

CASE REPORT

A 55- year's old male presented with history of left infrascapular swelling since five years. It started as a small papule which gradually expanded to the present size over the past five years. The swelling showed the presence of multiple hyperpigmented plaques. The patient denied any associated pain, trauma, or prior history of similar lesions anywhere else in the body. CT scan of thorax was done it revealed an irregularly marginated, fairly defined, non-enhancing, soft tissue density lesion involving skin and subcutaneous tissue at the left infrascapular lesion. The lesion approximately measures 5.2cm x2.09cm x3.91cm. Excision biopsy was performed. On gross examination tissue measured 7x6 cm in size, it was encapsulated dark-brown mass with overlying thin skin on one side of the mass. The outer skin is intact with presence of tumour in the dermis. On cutting, the cut surface is variegated and mass is friable. Hematoxylin and Eosin stained sections from the lesion shows tumour consists of one large sharply demarcated lobule present in the dermis, with many variable sized vascular spaces. The tumour appears

basophilic because of dense packing of nuclei. (Figure 1scanner view) and (Figure 2 10x view). The section shows tumour composed of cells arranged in cords and nests around ill defined vascular channels. The cells are round to polygonal, have round to oval vesicular nuclei with inconspicuous nucleoli and eosinophilic to vacuolated cytoplasm. (Figure 3) with areas of necrosis (Figure 4).

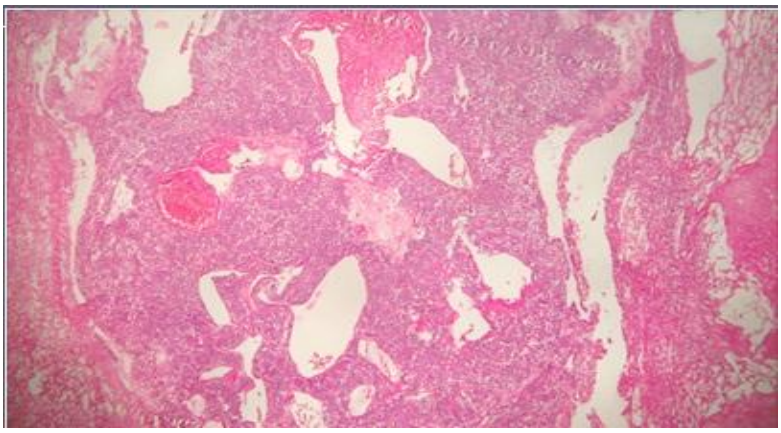

FIGURE 1: Scanner view

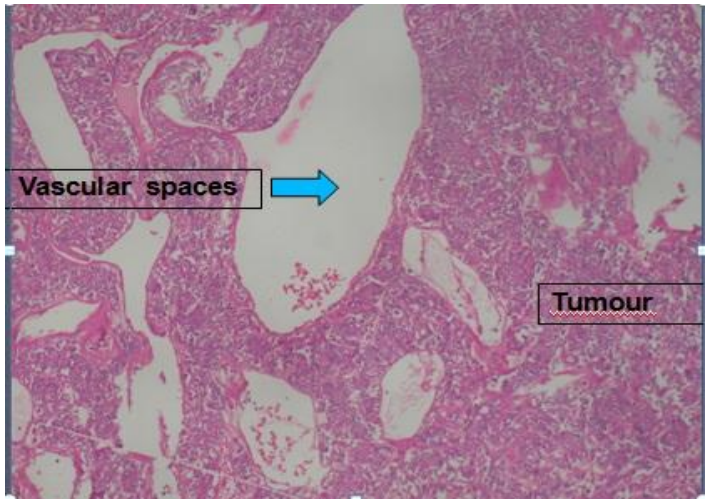

FIGURE 2:10X view of the previous figure

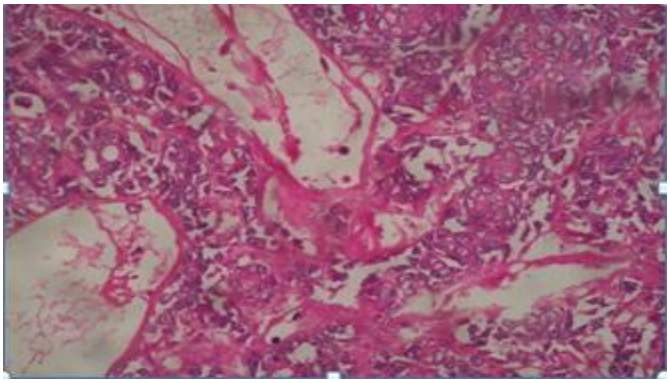

FIGURE 3 (40X View)

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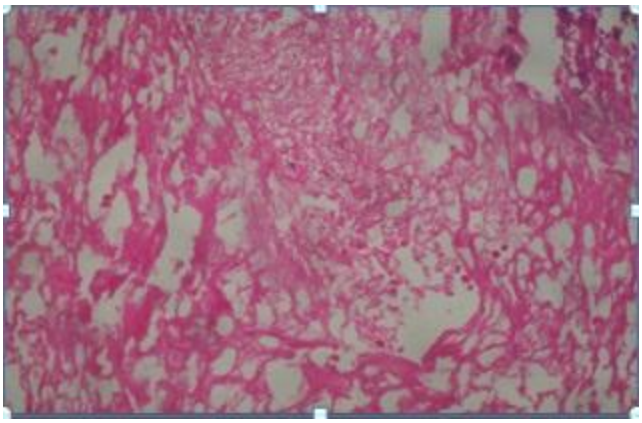

FIGURE 4: Areas of necrosis

DISCUSSION

As a rule, eccrine spiradenoma(3) occurs as a solitary intradermal nodule measuring 1 to 2 cm. Occasionally, several small nodules or large nodules , up to 5cm may occur, in a linear arrangement.(4) In most instances arises in early adulthood and has no characteristic location. The nodules are often tender and occasionally painful.

The tumour consists of one sharply demarcated lobule, but more commonly, there are several such lobules located in the dermis without connections to the epidermis. The tumour lobules often appear deeply basophilic because of close aggregation of the nuclei. The tumour is composed of epithelial cells arranged in interwining cords(5). These cords may enclose small, irregularly shaped islands of edematous connective tissue.Two types of epithelial cells are present in the cords, both of which possess only scant amount of cytoplasm. The cells of first type possess small, dark nuclei, located at the periphery of the cellular aggregates

The cells of the second type have, large, pale nuclei, located in the centre of the aggregates and may be arranged partially around small lumina(6). In the absence of lumina , the cells with pale nuclei may show a rosette arrangement.The lumina frequently contains small amount of a granular eosinophilic material.

In some cases hyaline material is focally present in the stroma that surrounds the cords of tumour cells or may be seen as hyaline droplets in some of the cords of tumour cells. The stroma surrounding the tumour lobules may show lymphedema with greatly dilated blood or lymph capillaries.

In this case: age, presentation and microscopy were not favoring the diagnosis of eccrine spiradenoma. So the diagnosis of epithelioid hemangioendothelioma was made and IHC was done.

It is vascular tumour of intermediate malignancy. Soft tissue cases commonly occur on an upper and lower extremity and display striking angiocentricity, with growth around large veins or arteries.

IHC

The tumour cells expressed EMA, Cytokeratin and SMA.

Immunonegative for CD 34 and CD 31.

Thus, the final diagnosis was made as eccrine spiradenoma

CONCLUSION

Eccrine Spiradenoma may present congenitally or spontaneously as tumor of the sweat glands with unclear etiology. Early accurate diagnosis is very important in preventing chances of recurrence and more importantly identifying onset of malignant transformation. Adding on the case reports describing interesting and variable clinical presentations, in the literature is the need of recent times for better understanding and setting up standard therapeutic protocols for this rare tumor.

REFERENCES

1. Dhua S, Sekhar DR. A rare case of eccrine spiradenoma-treatment and management. Eur J PlastSurg2016;39:143-146.
2. Kersting DW, Helwig EB. Eccrine spiradenoma. AMA Arch Derm 1956;73:199-227.

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3. Lever's Histopathology of the Skin, David E. Elder, Rosalie Elenitsas, Bernett L. Johnson, George F. Murphy; Ninth edition, 2004.
4. Rook's textbook of Dermatology, Tony Burns, Stephen Breathnach Neil Con, Christopher Griffiths; Seventh edition, 2004.
5. Pathology of the Skin with Clinical Correlations; Philip H. Mckee, Eduardo Calonje, Scott R. Granter; Third edition, 2005.
6. Andrews' diseases of the Skin Clinical Dermatology; William D. James, Timothy G. Berger, Dink M. Elston; Tenth edition, 2006.

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