Our Dermatology Online

Case Letter

A case of eccrine spiradenoma presenting as a painless, reddish nodule on the forearm

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Sir,

Eccrine spiradenoma (ES) is a rare and benign adnexal tumor originating from the eccrine glands. It is usually located in the truncal region and is most common in young adults twenty to forty years old. Herein, we report a clinical, dermoscopic, and histological description of the case of an elderly male with an atypical tumor localization.

A 74-year-old male presented with a painless, nodular mass on the anterior aspect of the left forearm, growing progressively over the previous year. He had no medical history. A dermatological examination revealed a solid, skin-colored nodule with a central ulceration and a peripheral collar, measuring approx. 1 to 1.5 cm in diameter, not bleeding on contact (Fig. 1a). There were no similar nodules or palpable lymph nodes. Dermoscopy was performed with DermLite 4. It demonstrated a vascular pattern of branched vessels and a central ulceration with a reddish background and scattered blue clods. It also showed a yellowish-brown, serohematic crust surrounding the ulceration and the reddish background (Figs. 1b and 1c). Upon histopathologic examination, the excised nodule revealed a tumoral proliferation, which was well demarcated from the surrounding tissue. It consisted of sharply defined lobules and cords intertwined into a puzzle-like structure (Fig. 2a). Two cell populations were identified: small basaloid cells and larger cuboidal ones. The cells displayed high mitotic activity yet no abnormal mitotic figures and no necrotic background. The section also showed numerous amorphous eosinophilic deposits within the cell cords and a richly vascularized stroma (Fig. 2b). The excision was complete and there were no recurrences on subsequent checks.

Eccrine spiradenoma (ES) presents mostly (97%) as a solitary nodule and, rarely, as multiple [1], linear, Blaschkoid, or grouped lesions [2]. The tumor arises from the intradermal part of the duct of eccrine sweat glands [3]. It is most common in young adults twenty to forty years old [2]. Eccrine spiradenoma is usually located in the truncal region. However, uncommon sites have been reported, such as the ears, eyelids, lips, and hands [4]. Paroxysmal pain and tenderness are the main features of the tumor, observed in 91% of cases [1,5]. Our patient accumulated numerous misleading clinical features, notably, the location in the anterior aspect of the forearm, the reddish color of the tumor, its painless nature, the presence of ulceration, and a peripheral collar. The dermoscopic features, rarely described in the literature, are non-specific and may be easily confused with those of basal cell carcinoma (BCC) [6]. In the case of our patient, the vascular pattern of serpentine, branched vessels in combination with blue clods suggested the diagnosis of BCC. While blue clods correspond to nests of pigmented trichoblasts in BCC, they are a sign of ES. Aside from BCC, the branched vessels may be found in any kind of adnexal tumor [6]. Although the histological features of ES are well established, very few cytological descriptions of this tumor have been documented [3]. Authors typically report tight

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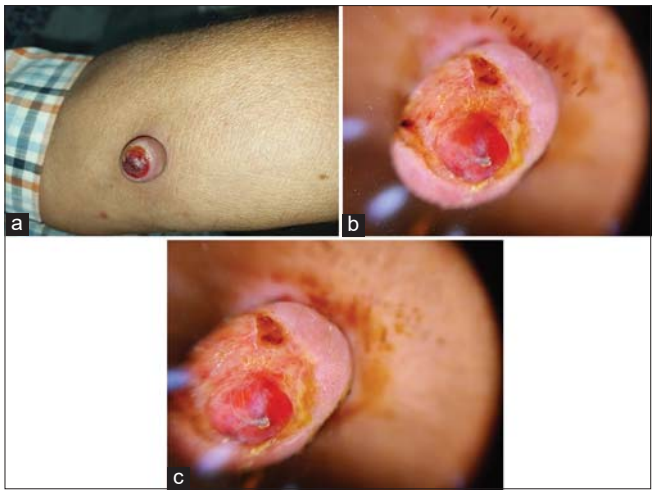

Figure 1: (a) Solid, skin-colored nodule with a central ulceration and a peripheral collar, 1 to 1.5 cm in diameter. (b and c) Dermoscopic features showing a vascular pattern of branched vessels and a central ulceration with a reddish background and scattered blue clods, as well as yellowish-brown, serohematic crusts.

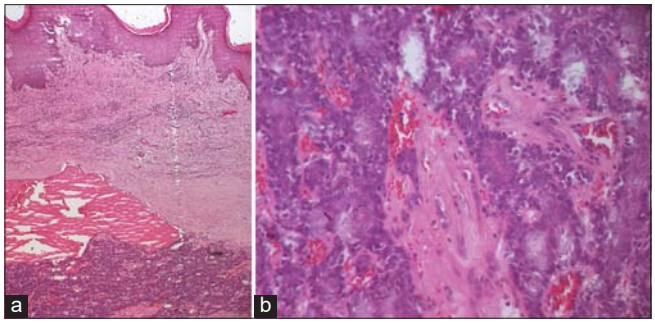

Figure 2: (a) Tumoral proliferation well demarcated from the surrounding tissue made of sharply defined lobules and cords intertwined into a puzzle-like structure (H&E, 40×). (b) The presence of two cell populations, small basaloid cells, and larger cuboidal ones, with high mitotic activity, and numerous amorphous eosinophilic deposits within the cell cords and a richly vascularized stroma (H&E, 200×).

clusters of multilayered, uniform, cuboidal, bland epithelial cells arranged around hyalinized material [3]. ES should be cytologically differentiated from other eccrine adnexal tumors (hidradenoma, cylindroma, chondroid syringoma), glomus tumors, adenoid cystic carcinoma, and spiradenocarcinoma [3,7]. In our case, histopathological examination, showing two cell populations (basaloid and cuboidal) and a puzzle-like structure made of lobules and cords, allowed the diagnosis of ES and the exclusion of pyogenic granuloma. It also excluded any malignant changes.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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