Poroid Hidradenoma

A 65-year-old male presented with a slowly enlarging nodule on his right leg, which had been present for 10 years and which had gradually increased in size over the previous 6 months. Physical examination revealed a red and dark bluish, dome-shaped nodule, 26 mm × 22 mm in size, on the right side of the posterior aspect of his right leg (Fig. 1).

Histopathology revealed a well-demarcated, solid cystic lesion confined to the dermis (HE stain, X40). There was no apparent connection to the overlying epidermis (Fig. 2).

Some cystic spaces contained amorphous eosinophilic material (asterisk, Fig. 2). The tumor appeared to be composed of two types of cells: small and dark-staining poroid cells, and large and paler cuticular cells (HE stain, X200). Duct-like structures surrounded by cuticular cells were also observed (arrows, Fig. 3).

These findings were compatible with poroid hidradenoma, which is a benign dermal tumor. Poroid hidradenoma is a rare benign neoplasm described by Abenoza and Ackerman in 1990 (1). They classi-
fied poromas into four groups according to structural features: hidroacanthoma simplex, eccrine poroma, dermal duct tumor, and poroid hidradenoma (2). As the term poroid hidradenoma reflects, this tumor has both poroma- and hidradenoma-like features (3). It represents cytologic characteristics of poroid neoplasms with poroid cells and cuticular cells, the latter showing ductal differentiation (4). Also, it exhibits architectural features of hidradenoma, which is a tumor usually confined to the dermis and composed of solid and cystic areas (5). Immunohistochemical studies suggesting that PH has similarities with eccrine poroma and arises from the dermal eccrine and apocrine ducts (6). The incidence of poroid hidradenoma is probably underestimated; to our knowledge, 40 cases of poroid hidradenoma have been reported in the English medical literature (7).

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