

Malignant eccrine poroma

To the Editor

I read with interest the article on malignant eccrine poroma, published in the May issue of Saudi Medical Journal.¹ I am however, unconvinced, based on the photographic evidence submitted (Figure 1), that the original skin lesion was a benign eccrine poroma. My reasoning for this is best described in the following 3 points.

The original foot lesion is described as being an eccrine poroma (benign), and Figure 1 demonstrates its histological appearances. This shows what appears to be the deep aspect of the lesion, which adopts a nodular growth pattern. The tumor cells show significant cytoplasmic vacuolation and some degree of nuclear pleomorphism. There are perhaps (not entirely clear at this magnification) one or 2 mitotic figures. One can see a tumor nodule pushing into the subcutaneous fat. Based on this constellation of histological appearances, one would have to question the appropriateness of a completely benign diagnosis in this case. Furthermore, if indeed, this is a benign eccrine poroma; an image showing the cords and broad columns of basaloid cells extending down from the epidermis would be more suitable.

According to the authors, this was a case, which demonstrated malignant transformation of a benign eccrine poroma after incomplete excision. Malignant eccrine poroma usually arises de-novo, although approximately 16-17% arise from a preexisting benign eccrine poroma. In cases of transformation, the development of a malignant phenotype appears to take many years, even decades. It is therefore, unusual for a benign eccrine poroma to transform to a malignant eccrine poroma within 5 months. Furthermore, in cases of transformation, one can usually identify some benign eccrine poroma elements adjacent to the malignant eccrine poroma. Did the authors discover this?

For the reasons discussed above, I am doubtful that the original lesion was in fact, a purely benign eccrine poroma, and that it instead already harbored some malignant features. I would ask the authors to review all the relevant histology with this point in mind.

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Reply from the Author

Firstly, we highly appreciate the comments on our case report "Malignant eccrine poroma." We would like to assure Dr. Ansari that our paper is in agreement with his points, that it is most likely malignant eccrine poroma at the first presentation, but we had no clear histopathological evidence to support this from the specimens available, hence, why we mentioned this in the abstract as well as in Figure 1 (lesion of benign eccrine poroma with no clear evidence of malignancy). The specimen available to us from the first presentation had no clear evidence of malignancy, however, we still could not rule out malignancy. Also, we did state clearly in the abstract, that "this tumor might be malignant at the first presentation and so forth" so the points were clearly noted and explained in the abstract and the text, but maybe misunderstood or not noticed.

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References

1. Al-Ahwal MS, Sawan AS, Zimmo SK. Malignant eccrine poroma. *Saudi Med J* 2005; 26: 859-861.