Eccrine Porocarcinoma of the Foot: A Case Report, Ramirez et al. *J Clin Images*. Volume 3 Issue 1; 1050, Jun 12, 2020

Level of Evidence: 4

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This case study depicts a 77-year-old male patient who presented to the dermatology clinical for a left dorsal painful, bleeding, ulcerative lesion. The patient had a history of a previous burn from a smoldering iron two years prior. A shave biopsy revealed hydroacanthoma simplex/poroma and the patient was referred to the Department of Podiatry on 10/2015 for surgical excision of the lesion. Patient was also experiencing unexplained weight loss prior to being seen by the podiatry department. Due to the concern of possible foot melanoma, he underwent a chest radiograph and CT which showed no malignancy or lymphadenopathy in the chest, abdomen, or pelvis.

The lesion was verruca-like, measuring 3 cm x4cm with nodulus skin glands, serpingous borders, and intact vascular status with no signs of infection. Excision of the lesion was performed with an application of a split thickness graft from the ipsilateral thigh. Pathological evaluation revealed porocarcinoma with nuclear atypia and invasive epidermal nests consistent with transformation of benign neoplasm. A re-excision was performed with wider 1 cm margins around the lesions. MRI surveillance with contrast, ultrasound of the inguinal lymph nodes, and chest imaging was recommended. The patient's postoperative course was uneventful and a four-year follow up showed no recurrence or metastases.

Eccrine porocarcinoma is a rare malignant sweat gland tumor originating from the intraepithelial ductal parts of the sweat glands. It may begin as a malignant neoplasm; however, it more commonly arises from a benign poroma, with progression to malignancy in approximately 8.5 years. These lesions are found mostly on the lower extremities, head, and upper limbs. Epidemiologically, eccrine porocarcinoma presents in the 6th-8th decades with no predilection of one sex over the other. A high clinical suspicion is necessary as this is a challenging diagnosis due to the rarity and overlapping with other malignancies in the lower extremity. This case was chosen due to its involvement of multiple disciplines, rarity, challenge on diagnosing via clinical suspicion alone, and early intervention.
