ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25mar729

Adnexal Tumor with Rare Differentiation – A Case Report

[1]Dr. Zaniya P Anitha; [2]Dr. Hema Basappa Bannur

[1]Junior Resident, Dept. of Pathology,
KAHER's Jawaharlal Nehru Medical College,
Nehru Nagar. Belagavi, Karnataka, India.

[2]**Corresponding Author**: Professor, Dept. of Pathology,
KAHER's Jawaharlal Nehru Medical College,
Nehru Nagar. Belagavi, Karnataka, India

Publication Date: 2025/03/24

Abstract: Poromas are benign adnexal tumors that arise from the intraepidermal portion of sweat gland ducts. While most poromas exhibit classic eccrine differentiation, cases with sebaceous differentiation are exceptionally rare. 1, 2 We report a unique case of a poroma with sebaceous differentiation in an elderly-aged patient, highlighting its clinical and histopathological features. This case underscores the importance of recognizing sebaceous differentiation in poromas to avoid misdiagnosis and ensure appropriate management.

Keywords*: Poroma, Sebaceous Differentiation, Adnexal Tumor, Eccrine Neoplasm, Sebaceous Neoplasms.*

How to Cite: Dr. Zaniya P Anitha; Dr. Hema Basappa Bannur (2025) Adnexal Tumor with Rare Differentiation – A Case Report. *International Journal of Innovative Science and Research Technology*, 10(3), 820-821. https://doi.org/10.38124/ijisrt/25mar729

I. INTRODUCTION

Poromas are benign adnexal neoplasms commonly arising from the terminal sweat gland ducts. They typically occur at the palms, soles, trunk, face, neck, scalp, and rarely the vulva, breast, and nail beds. 3 Sebaceous differentiations in poromas are an uncommon finding that may pose diagnostic challenges due to overlapping histological features with other adnexal tumors, including sebaceomas and sebaceous carcinomas. 4 This report presents a rare case of a poroma exhibiting sebaceous differentiation, emphasizing the need for thorough histopathological evaluation.

II. CASE PRESENTATION

A 70-year-old male presented with a mass in the left groin of 2 years duration. Mass showed superficial ulceration. Clinical diagnosis: - Malignancy was suspected. Wide local excision was performed and sent for histopathological evaluation. Microscopy showed the structure of skin composed of epidermis and dermis. Epidermis revealed ulceration. The dermis showed solid sheets and nodules of basaloid poroid cells. These cells were small, uniform, cuboidal cells with compact eosinophilic cytoplasm and monomorphous ovoid bland nuclei. At places, tubular structures formed by cuticular cells and intracytoplasmic canaliculi in these cells were seen. Foci of mature sebocytes were seen within the poroid nests. No atypical mitosis or necrosis was seen. Hence, Poroma with sebaceous differentiation was given.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25mar729

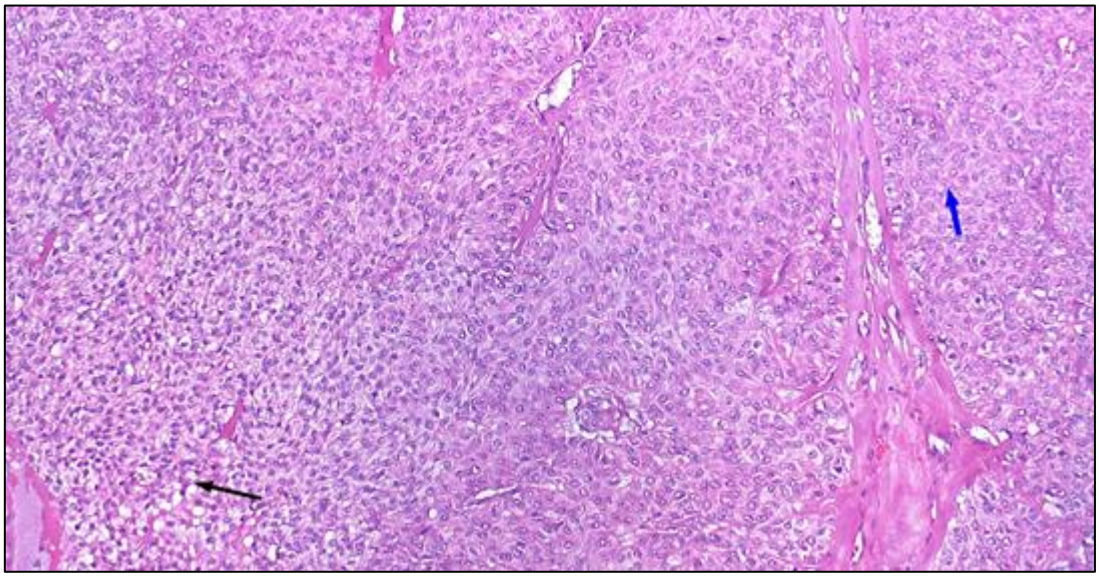

Fig 1 : The **Blue Arrow** Shows Solid Sheets and Nodules of **Basaloid Poroid Cells**, While the **Black Arrow** Highlights Areas of **Sebaceous Differentiation** within these Nodules.

III. DISCUSSION

Poroma was first described by Pinkus et al. in 1956. It is a benign adnexal neoplasm of the terminal sweat gland duct (acrosyringium). Poroma comprises approximately 10% of benign adnexal neoplasms. About 18% of cases may transform to porocarcinoma, which takes a mean of 8.5 years. 2, 4, 5 Poromas with sebaceous differentiation are exceedingly rare and may be confused with other adnexal tumors. The presence of sebaceous elements suggests a broader histogenic potential than previously recognized. Recognition of this variant is crucial for accurate diagnosis and management, as poromas have an excellent prognosis following complete excision.The incidence of poroma with sebaceous differentiation is extremely rare, with only a few documented cases in the literature. Some studies suggest that such differentiation occurs in less than 1% of all reported poromas, making it an unusual histopathological finding.

IV. CONCLUSION

This case highlights a rare occurrence of poroma with sebaceous differentiation. Dermatologists and pathologists should be aware of this variant to prevent misclassification with other sebaceous neoplasms. Further studies are warranted to understand the pathogenesis and clinical significance of sebaceous differentiation in poromas.

REFERENCES

[1]. Lee NH, Lee SH, Ahn SK. Apocrine poroma with sebaceous differentiation. Am J Dermatopathol. 2000 Jun;22(3):261-3.
[2]. Ito T, Yoshida Y, Furue M, Yamamoto O. Poroma with sebaceous differentiation: dermoscopy for the diagnosis of skin tumor with sebaceous differentiation. Indian J Dermatol. 2015 Jan-Feb;60(1):85-7.
[3]. Sawaya JL, Khachemoune A. Poroma: a review of eccrine, apocrine, and malignant forms. Int J Dermatol. 2014 Sep;53(9):1053-61.
[4]. Misago N, Mihara I, Ansai S, Narisawa Y. Sebaceoma and related neoplasms with sebaceous differentiation: a clinicopathologic study of 30 cases. Am J Dermatopathol. 2002 Aug;24(4):294-304.
[5]. Elder. D E. Lever's histopathology of the skin.11th ed.Philadelphia:Wolers kluge I;2015