A 63-year-old lady presented with a one-year history of a nodule on the left sole. There was occasional bleeding. There was no remarkable medical history. On examination, there was a fleshy 1.5 cm diameter pedunculated growth on the left sole (Figure 1). A shave biopsy was performed and the histology was shown in Figures 2 and 3.

Questions
1) What are the differential diagnoses?
2) What is the diagnosis?
3) What is the treatment and what possible complications may occur?

Figure 1. Fleshy pedunculated growth on the left sole.

Figure 2. Low power magnification showing a tumour arising from the lower epidermis consisting of broad anastomizing bands (H&E stain).

Figure 3. High power magnification shows uniformly cuboidal cells with intercellular bridges (H&E stain).
Answers to Dermato-venereological Quiz on page 41

1) The differential diagnoses include squamous cell carcinoma, malignant melanoma, eccrine poroma.

2) The skin biopsy shows a tumour arising from the lower epidermis, consisting of broad anatomizing bands. The cells are connected by intercellular bridges and are uniformly cuboidal. There are ductal lumina and cystic spaces within the tumour bands. The diagnosis is eccrine poroma.

3) Excision is the treatment of choice.

Eccrine poromas form part of a group of rare skin appendageal tumours called poromas which consist of cuticular and poroid cells. These are subdivided into three types depending on their level within the skin:

a. Hidroacanthoma simplex;

b. Eccrine poroma;

c. Dermal ductal tumour.

a. Hidroacanthoma simplex most commonly affects middle-aged or elderly women, the extremities being the site of predilection. They often present as a hyperkeratotic plaque. Ulceration or elevation may indicate invasion. Histologically, there are collections of cuboidal and ovoid cells within the epidermis.

b. Eccrine poromas typically present as a slow-growing nodule which may be skin-coloured or pigmented and occur most often on the palms and soles, unlike other skin appendageal tumours which tend to affect the head and neck. These may be as large as 1-2 cm in size. Sometimes, they may present as tender pedunculated nodules. Multiple (more than 100) eccrine poromas may be found in the palms and soles or at other sites in eccrine poromatosis. On skin biopsy, collections of uniform cuboidal cells are found in the basal layer of the epidermis extending to the dermis with a clear margin between the normal and cuboidal cells.

c. Dermal ductal tumours present as dermal nodules, occasionally a warty surface may be observed. In dermal ductal tumour, the lesion is located within the dermis. Dermal nodules consisting of poroid and cuticular cells are seen together with ductal structures.

Eccrine poroma may rarely transform into porocarcinoma. If porocarcinoma is confirmed after excision, follow-up is required to monitor for recurrence and metastases.