A unique collision mimicking nodular melanoma

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Key words: amelanotic melanoma; collision tumor; eccrine poroma; melanoma; poroma.

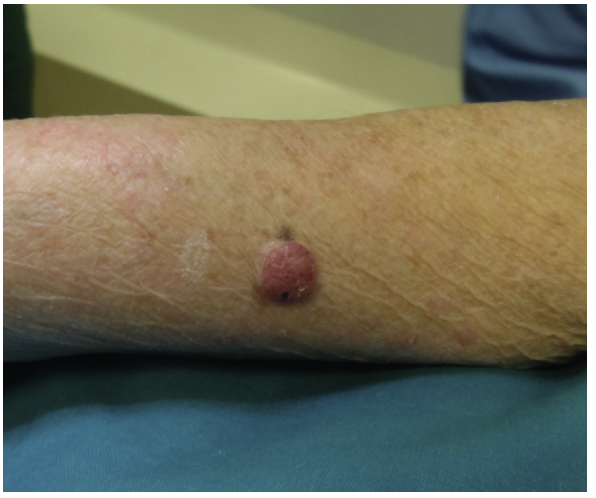

Fig 1. Clinical image of a poroma: A red, firm nodule surrounded by a faint collarette, with an eccentric pigmented area at the top.

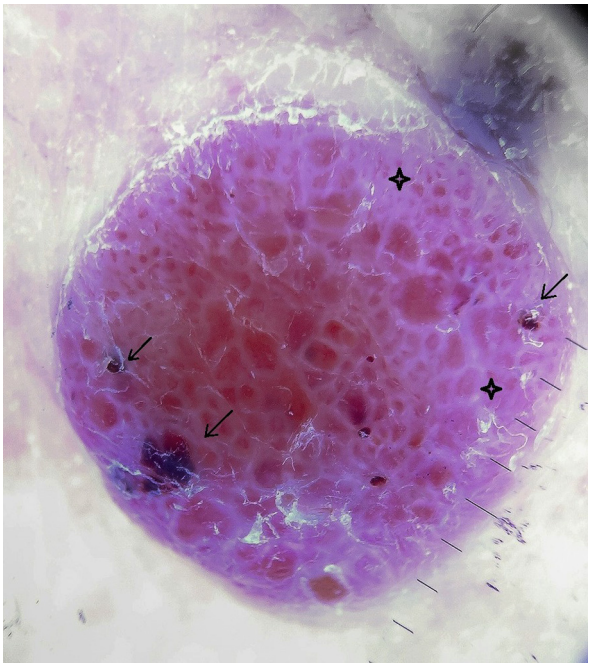

Fig 2. Polarized dermoscopy shows polymorphous and poorly defined vessels (*stars*) on a milky-red background, surrounded by whitish inverted-network-like lines and multiple ulcerations (*arrows*).

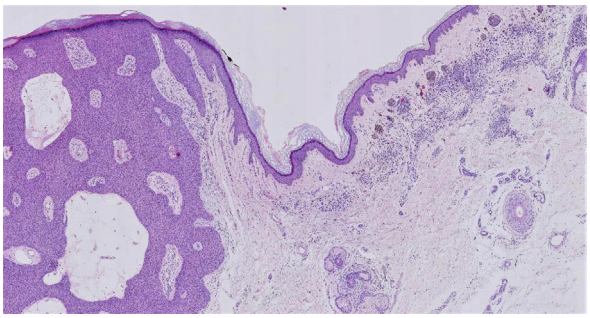

Fig 3. Histopathologic image of an eccrine poroma on the left, colliding with a dermal nevus on the right. Note the well-circumscribed dermal nodules of uniform, small, cuboidal eccrine lineage tumor cells with compact eosinophilic cytoplasm and basophilic round nuclei and the highly vascularized stroma, which is typical of eccrine poroma (Hematoxylin-eosin stain, original magnification: ×10).

CLINICAL PRESENTATION

A 74-year-old woman presented with a red, firm nodule, partially surrounded by a faint collarette, with a peripheral eccentric pigmented area (Fig 1).

DERMOSCOPIC APPEARANCE

Dermoscopic examination found milky-red areas, surrounded by whitish inverted-network-like lines, as well as polymorphous vessels and ulcerations (Fig 2). Peripherally, a blotch of homogeneous pigment was seen. The lesion was excised, due to the suspicion of a hypomelanotic nodular melanoma.[1]

HISTOLOGIC DIAGNOSIS

Histology diagnosed a collision of dermal nevus and eccrine poroma (Fig 3).

Key message

Eccrine poroma is an uncommon benign adnexal neoplasm originating from the intraepidermal tract of the sweat gland duct. Eccrine poroma represents a diagnostic challenge, as its dermoscopic features have been only poorly described. Only white areas around vessels, milky-red globules, and poorly defined vessels were recently described as sensitive (62.8%) and specific (82%) poroma diagnostic criteria.[2]

At a retrospective analysis of our case, inverted-network-like structures corresponded to poroma-typical white areas, interlacing milky-red areas, which are also typical of poroma, but which also represent a diagnostic criterion of melanoma. Moreover, some poorly defined vessels, characteristic of poroma, were seen among the polymorphous vessels, suggestive of melanoma. The observed ulceration may be present in both melanoma and poroma. Another confounding element was represented by the peripheral homogeneous blotch of pigment, suggestive of melanoma, but representing just a casual colliding nevus.

Further definition of poroma-specific criteria is needed, as to date, all lesions suspected to be poromas leave clinicians in doubt and should therefore preferably be excised to rule out melanoma, given the significant overlap in clinical and dermoscopic appearance.

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Conflicts of interest

None declared.

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