

## Case Report

DOI: <https://dx.doi.org/10.18203/2349-2902.ijssurgery20253858>

# Eccrine poroma of the lower limb in a young adult: a rare clinical presentation with surgical excision and grafting

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**Received:** 14 September 2025

**Revised:** 16 October 2025

**Accepted:** 04 November 2025

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## ABSTRACT

Eccrine poroma is a rare benign growth arise from the intraepidermal structure of the eccrine sweat glands. They are seen on the palms and soles in elderly and rarely presents on non-volar surfaces or in young adults. Herein this case-report reports a case of a 28-years gentleman with an ulcero-proliferative growth on right leg with no other associated morbidity, managed with wide local excision and split-thickness skin grafting. Final histopathology confirmed eccrine poroma. This case report highlights atypical presentation, importance of histological confirmation, and complete surgical management.

**Keywords:** Eccrine poroma, Skin adnexal tumor, Rare skin neoplasm

## INTRODUCTION

Eccrine poroma is an uncommon, benign tumor that arise from the intraepidermal structure of eccrine sweat duct. These tumor account for approximately 10% of all sweat gland neoplasms and typically present in middle-aged or elderly adults, usually on the palms or soles. Clinically, it often appears as a single growth, pedunculated with or without ulceration and usually no lymphadenopathy. This tumor can be easily mistaken for squamous cell carcinoma or achromic melanoma, hence the importance of early diagnosis and adequate treatment is warranted.<sup>1,2</sup>

## CASE REPORT

A 28-years gentleman presented with a painless, progressive ulcero-proliferative lesion of size 8×5×2 cm over the anterolateral aspect of distal right leg with no associated lymphadenopathy for 1 year (Figures 1 and 2).

A wedge biopsy was obtained and shows feature of eccrine poroma. X-ray of the right lower limb shows no bony

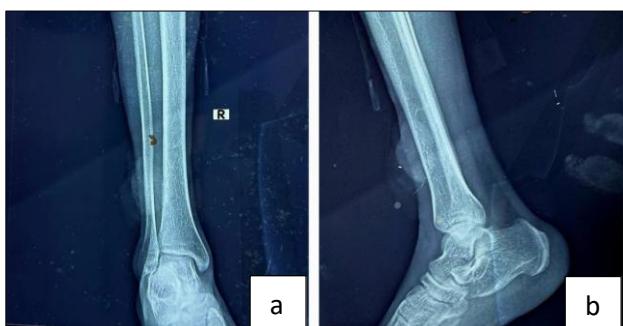
involvement (Figure 3). The patient underwent wide local excision with 1 cm margins (Figure 4), with by split-thickness skin grafting to cover the resultant soft tissue defect (Figure 5). Follow-up after 6 months show healthy site with no recurrence.



**Figure 1: Preoperative view of the lesion – an ulcero-proliferative mass on the distal right leg.**



**Figure 2: Lateral view showing exophytic nature of the mass.**



**Figure 3 (a and b): X-ray of the right lower limb ruled out any bony involvement.**

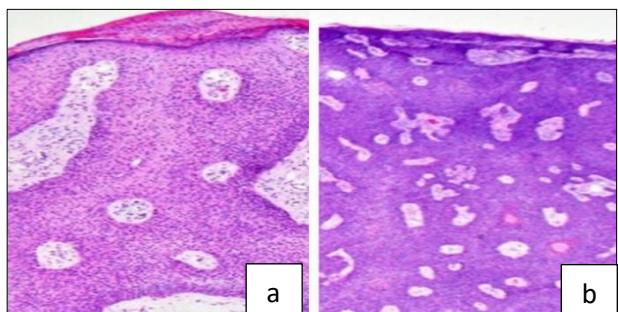


**Figure 4: Gross specimen of the excised tumor.**



**Figure 5: Postoperative site with split thickness skin graft.**

Histopathological evaluation reveals well circumscribed tumor replacing epidermis and extending into dermis in broad anastomosing band. These cells are monomorphic, small, cuboidal with basophilic round nuclei, inconspicuous nucleoli and compact eosinophilic cytoplasm. Occasional areas of squamous differentiation also seen. No mitoses, necrosis, or cellular atypia suggestive of malignancy were noted. These findings were consistent with eccrine poroma, and clear surgical margins were achieved (Figure 6).



**Figure 6 (a and b): Histology of eccrine poroma.**

## DISCUSSION

Eccrine poroma is mainly a benign, rarely malignant condition arise from sweat gland and was reported by Pinkus et al for first time in 1956.<sup>3,4</sup> Eccrine poroma are 10% of sweat tumors which in turn account for 1% of skin lesions and chiefly found on the palm and sole although presence on scalp and face has been noted. It is mainly seen in adult over the age of 40 years.<sup>5</sup> Histologically, it is a well-defined tumor that develops from the epidermis and forms epithelial trabeculae band between them and extending into a fibrous and well-vascularized dermis. These cells are monomorphic, small, cuboidal with basophilic round nuclei, inconspicuous nucleoli and compact eosinophilic cytoplasm. This tumor can be confused with squamous cell carcinoma or achromatic melanoma.<sup>5</sup> The treatment is wide local surgical excision with tissue grafting. These tumors must be excised entirely because porocarcinoma can occur in almost half of cases on pre-existing eccrine poroma.<sup>6</sup>

## CONCLUSION

Our case demonstrates a rare case of eccrine poroma on the distal lower limb in a young adult, emphasizing the need to consider benign adnexal tumors in the differential diagnosis of ulceroproliferative cutaneous lesions. Complete wide local excision with histopathological confirmation is the cornerstone of management. Early recognition is crucial to avoid misdiagnosis and ensure appropriate treatment as risk of porocarcinoma is present on long term.

*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: Not required*

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**Cite this article as:** Kumar V, Kumar J, Mukul, Tiwari S, Sadhyan S, Kulshrestha S. Eccrine poroma of the lower limb in a young adult: a rare clinical presentation with surgical excision and grafting. Int Surg J 2025;12:2211-3.