DIAGNOSTIC DILEMMA OF A METASTATIC HYDRADENOCARCINOMA OF AXILLA: A CASE REPORT OF A RARE TUMOR

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Introduction: Hidradenocarcinoma (HC) is a rare malignant sweat gland tumor with metastatic potential. They commonly occur at the head and neck and rarely on the extremities. Being rare, it is not uncommon to pose a challenge in diagnosing HC. Furthermore, no uniform treatment guidelines have been documented for metastatic hidradenocarcinoma. We share our experience of managing this rare tumor.

Discussion: A 47 years old fisherman presented with small (approximately 2 x 2cm) left axillary painless lump 4 years ago. Excisional biopsy shows a metastatic carcinoma with interesting immunohistochemistry suggestive of breast or lung primary. Patient defaulted treatment only to return 3 years later with an orange size swelling. MRI showed an axillary mass with an ill-defined lytic lesion in adjacent scapula separate from the axillary mass. CT-TAP and bone scan show no metastatic lesion besides left scapula. Biopsy done at two different occasion failed to conclude the histopathology diagnosis. The axillary swelling started to fungate and eventually he was referred to orthopaedics oncology center for further investigation. A repeat biopsy was done and a dermatopathologist consult was sort before the diagnosis of moderately differentiated hidradenocarcinoma was made 5 years after initial presentation. The scapular lesion was also biopsied, and it was consistant with HC as well. We considered the scapular metastasis as oligo-metastasis thus wide resection of axillary fungating mass and partial scapulectomy was done with a curative intent. Post operative radiotherapy will be needed to achieve local control.

Conclusion: Despite presenting rather late with a fungating mass, HC can be treated with wide resection. Bone metastasis although rare, should be excised whenever possible.