

A rare case of hidradenocarcinoma of lower extremity in a young man

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INTRODUCTION:

Hidradenocarcinoma is a rare but aggressive sweat gland tumour that is unusually seen in the extremities¹. Often it remains asymptomatic for years despite its aggressive behaviour. This uncommon soft tissue tumour may appear in a subcutaneous nodules form either solid or cystic which may be associated with pruritus or ulceration^{1,2}. Presentation of such tumour on an extremity of a healthy young man is infrequent¹.

REPORT:

A 36 years old gentleman with no known medical illness, presented with chronic painless swelling over the left anterior shin for 10 years. He complained of worsening pain over the anterior shin swelling for 3 weeks and it was associated with fever. Clinically, there was a fluctuant swelling over the anterior aspect of left proximal leg, measuring 8cmx6cm; the overlying skin was erythematous, warm, tender and non-pulsatile. There were no punctum, sinus or discharge. Neurovascular assessment was intact.

Our initial diagnosis was infected sebaceous cyst and he was treated with oral antibiotic for 1 week. However, symptoms did not resolve with the completion of antibiotics. Blood investigations shows raised infective markers with the total white cell count at 14.5K/uL; C-reactive protein was at 25.3mg/L and erythrocyte sedimentation rate was normal at 3mm/H. Other blood investigations were unremarkable.

The raised total white count was suggestive of an acute infection; however, in view of the chronicity and recent change in the swelling the risk of malignancy cannot be excluded. Therefore, the patient underwent an excision

biopsy. Intraoperative findings revealed a 5cmx5cm cystic mass with infected sebaceous

material mixed with seropurulent collection. Tissue sent for histopathological examination was reported as hidradenocarcinoma with 4mm clear margin. CT thorax and pelvic was performed and showed no evidence of distant metastasis.

Split skin grafting was done 1 month post excision biopsy and wound was well healed with no signs of infection.



Figure 1: Intra-operative image of the swelling

CONCLUSION:

Acute soft tissue infection with abscess is commonly encounter in primary care or emergency department. Nevertheless, with a long-standing history of painless swelling, differential of malignancy needs to be excluded. Therefore, wide local excision biopsy should be a gold standard for a chronic swelling presenting with an acute infection.

REFERENCES:

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MAEDICA 2021