H. Benzzi, J Clin Exp Dermatol Res 2014, 5:2
http://dx.doi.org/10.4172/2155-9554.C1.013

OMICS Group Conferences
Accelerating Scientific Discovery

4th International Conference on
Clinical & Experimental Dermatology
April 14-16, 2014 Hilton San Antonio Airport, TX, USA

What do you think of an unusual axillary mass?

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Introduction: Skin apocrine carcinoma is a rare malgnancy of epidermal adnexa, most frequent in axillary seat, where apocrine sweat gland are abundant, the neoplasm can arise in groin, anogenital, lips, eyelid. Etiology and incidence are not known. The prognosis is influenced by the risk of locoregional recurrence and metastatic evolution. The slow evolution, painless caratacter leads to discover the tumor at systemic dissemination with locally invasive stage. The differential diagnosis between CAC and axillary skin metastasis adenocarcinoma, particularly breast, is sometimes difficult. In the following report we present the case of a 61-year-old man with apocrine adenocarcinoma of the left axillary area with local lymph and distant metastases, which illustrates the difficulty.

Case: We describe the case of 61 years-old man without a medical history who consulted Dermatology department presenting a left axillary slow-growing mass since 2 years ago, painless at first, becoming painful since 6 months that conducts the patient to consult. Physical examination objectified a hummocky plate full of nodules measuring 10-6 cm, erythematous, purple colour, painful at mobilization, adherent, and the plate is infiltrating surrounding tissue, and there was no bleeding or serous discharge. The member was oedematous, superficial venous maze, without neither palpable mass of breast nor supernumerary nipple. There was homolateral nodes individualized clinically, and the somatic examination was normal. The cutaneous biopsy objectified an apocrine adenocarcinoma. The paraclinic exams performed to detect primary breast were tumor negative.A thorough systemic workup for metastatic disease have performed, tomography showed lungs and nodes, scintigraphy showed bones metastases. In conlcusion, the patient presented an axillary adenocarcinoma apocrine with node, bone and lung metastases. After multi-disciplinary concertation a polychimiotherapy was indicated.

Discussion: CAC constitue a rare cutaneous adenocarcinoma, commonly seen in the axilla. The primary cutaneous apocrine carcinomas are malignant adnexal tumor that develops in skin areas rich in apocrine glands. Presumptive progenitor cells for apocrine differentiation may be present along the lines joining the axillae, areolae and anogenital, and they may be responsible for giving rise to some examples of extramammary Paget's disease. They arise in the form of plaques or nodules hummocky more or less confluent, painless. Evolution is the more often indolent, slowly progressive, but can be aggressive, with a risk of local recurrence or metastatic patterns including the pulmonary, brain and bone, which can lead to death. Before treating, the difficulty of differential diagnosis between histological CAC and axillary metastasis of lobular carcinoma breast was recently highlighted or supernumerary breast carcinoma, some malignant tumor of sweat glands, the whole interest of a thorough clinical and histological study. Histologicaly the ACC are organized in tubular and papillary structures or massive basophils, the diagnosis of apocrine tumor has been mentioned in presence of decapitation secretion images in a cystic structure or projections papillary, like our patient who had a sheet of cell floating in mucus, the nucleus is large, irregular, and abundant cytoplasm. The presence of a positive immunostaining may help in diagnosis but is not a sufficient argument. The GCDFP15 is expressed specifically by apocrine epithelium but may still be any positive mammary adenocarcinoma in differentiation associated with apocrine gland secretion and carcinomas of the salivary glands. In fact, many of the reported CACs have shown weak and focal expression of GCDFP-15 or have failed to demonstrate any expression of the marker. Standard treatment is surgical excision with margins of 2 to 3 cm for local tumor, for apocrine adenocarcinoma regional lymph node dissection if nodes were clinically positive is wide surgical excision. This kind of tumour is chemoresistant. In this case, adjuvant chemotherapy was indicated, before surgery to reduce tumoral volume. We need more prospective studies to define precisely prognosis of such tumors that still rare, so we can adopt a efficient diagnostic and treatment strategy.

Conclusion: This case illustrates the importance clinicopathological correlation of skin cancer, particularly apocrine one. Clinical particularity and careful analyses histology helps diagnosis approach. More studies will help determining there is no treatment consensus. The worrying aspect in our histological patient should prompt careful clinical monitoring to detect a possible poor outcome.

Biography

Hafsa Benzzi has completed her general medicine degree from University of Medicine of Marrakech, Morocco in 2008 and is presently working as Resident in Dermatology Department from Ibn Sina hospital, Morocco since 2009. She is a member of Association of Internal doctors of Marrakech "AMIMA" & "OUR RIGHTS, Founding member of the Association: GLIMMER OF HOPE.

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