



CASE REPORT OF HIDRADENOCARCINOMA OF SUBMANDIBULAR REGION

Medical Science

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ABSTRACT

hidradenocarcinoma is one of rare malignant adnexal tumor involving sweat gland with low metastatic potential which present as asymptomatic skin nodules. There are few case reports of hidradenocarcinoma in the literature. We are discussing about a case of hidradenocarcinoma in the submandibular region with a history of recurrence. The tumour range from locally recurring, low grade well differentiated tumour to highly aggressive high grade tumour with potential for local and distant metastasis to lymphnodes, bones and lungs
2)Site: Often located on the face, scalp and extremities as an ulcerated reddish nodule. It can also involve the eyelid, finger and the perianal region.

KEYWORDS

hidradenocarcinoma, sweat gland neoplasm, recurrence.

INTRODUCTION

sweat gland neoplasms are rare intra dermal tumors usually presents as asymptomatic skin nodules skin nodules which posses infiltrative or low metastatic potential. We describe a case of hidradenocarcinoma involving the submandibular region which mistakenly diagnosed clinically as parotid tumor.

CASE REPORT

A 70-year-old female patient presented with an nodule growing at the submandibular region of since last 4 years. It presents with intense itch associated with intermittent localized pain and spontaneously formed a nodule since last 4 years. There was no history of any 3)local trauma or bleeding from the growth. The personal and family medical history were insignificant especially pertaining to any malignancies, immunosuppression or related symptoms. A through systemic , general physical examination did not reveal any significant clinical abnormality or any local or distant lymphadenopathy. Haematological investigations revealed haemoglobin 11%. Total leucocyte count 20,000 cells, differential count of 64% neutrophils

A swelling was excised in the submandibular region 5years back and previously it was diagnosed as pleomorphic adenoma in a private hospital in chennai

Swelling again presented in the submandibular region for past 4 years with the size of 8x4 cm, 2x2 cm with intense pain. Firm swelling with restricted mobility. swelling excised , cut section shows greyish white areas.

4)Histopathology ;

section studied shows closely arranged cells of round , fusiform, polygonal in shape with biphasic cytoplasm. One type of cells with clear and other type of cells with eosinophilic cytoplasm. Nuclei of some cells shows elongation and nuclei of the some cells shows leaning. In some foci mucinous epithelium present . most of the cells shows marked pleomorphism with hyperchromatic nuclei. reticulated pattern of growth present focally. Ducts with intracytoplasmic lumina present. The stroma between the lobules shows thin delicates, vascularized cords of fibrous tissue to hyalinised collagen. cystic structures are present

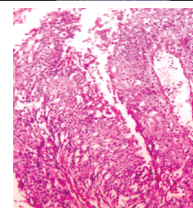
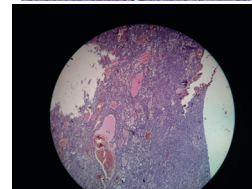
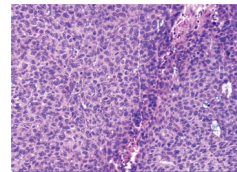
Immunohistochemistry

CYTOKERATIN staining was strongly positive

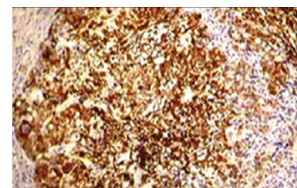
CONCLUSION

Hidradenocarcinoma is one of the aggressive malignancy with increased incidence of local and distant metastases. We have to diagnose accurately hidradenocarcinoma with immunohistochemistry and histopathological examination to avoid unnecessary recurrence.

5)Histopathological examination



CK + VE(CYTOKERATIN)



8) REFERENCES

1. Stout, A. P. and S. G. Cooley . Carcinomas of sweat glands. Cancer 1951. 4 (3):521–536. [Crossref][Google Scholar]
2. Berg, J. W. and R. W. McDevitt . Pathology of sweat gland carcinomas. Pathol Annu 1968. 3:123–144. [Google Scholar]
3. El-Naggar, A. K. , M. Lovell , A. M. Killary , G. L. Clayman , and J. G. Batsakis . A mucoepidermoid carcinoma of minor salivary gland with t(11;19)(q21;p13.1) as the only karyotypic abnormality. Cancer Genet Cytogenet 1996. 87:29–33. [Crossref][Google Scholar]
4. Kaye, F. J. Emerging biology of malignant salivary gland tumors offers new insights into the classification and treatment of mucoepidermoid cancer. Clin Cancer Res 2006. 12 (13):3878–3881. [Crossref][Google Scholar]
5. Elder, D. E. , R. Elensitas , B. L. Johnson , and G. F. Murphy . Histopathology of the skin. 9th ed. Philadelphia, PA Lippincott Williams & Wilkins. 2005. [Google Scholar]
6. Warkel, R. L. and E. B. Helwig . Apocrine gland adenoma and adenocarcinoma of the axilla. Arch Dermatol 1978. 114:198–203. [Crossref][Google Scholar]
7. Chamberlain, R. S. , K. Huber , J. C. White , and R. Travaglino-Parda . Apocrine gland carcinoma of the axilla: review of the literature and recommendations for treatment. Am

- J Clin Oncol 1999. 22 (2):131–135. [Crossref] [Google Scholar]
7. Delgado, R., D. Kraus, D. G. Coit, and K. J. Busam. Sentinel lymph node analysis in patients with sweat gland carcinoma. *Cancer* 2003. 97 (9):2279–2284. [Crossref] [Google Scholar]
 8. Jouary, T., A. Kaiafa, P. Lipinski, et al. Metastatic Hidradenocarcinomas: efficacy of capecitabine. *Arch Dermatol* 2006. 142:1366–1367. [Crossref] [Google Scholar]
 9. Lopez-Burbano, L. F., G. A. Cimorra, E. Gonzalez-Peirona, and J. Alfaro. Malignant clear-cell hidradenoma. *Plast Reconstr Surg* 1987. 80 (2):300–303. [Crossref] [Google Scholar]
 10. Sridhar, K. S., P. Benedetto, C. L. Otrakji, and K. K. Charyulu. Response of eccrine adenocarcinomas to tamoxifen. *Cancer* 1989. 64:366–370. [Crossref] [Google Scholar]