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LETTER TO THE EDITOR

Papillary eccrine adenoma: A rare cutaneous appendage tumor

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Dear Editor,

An 11-year-old girl presented to our outpatient clinic with a papular lesion on the dorsal aspect of the left forearm for about 2 years. Throughout this period, there was no change in the dimensions of this lesion. In the dermatological examination, a skin-colored, papular lesion of approximately 0.5x0.5 cm in size, located on the dorsal distal 1/3 of the left forearm, with a centrally located hyperkeratotic plug-like structure, and of moderate hardness, was observed (Figure 1). There were no subjective symptoms such as itching or pain. Examination of the other skin areas, mucous membranes, hair, or nails was normal. The lesion was excised with a preliminary diagnosis of Spitz nevus, keratoacanthoma, molluscum contagiosum, squamous cell carcinoma, and benign and malignant skin appendage tumors. Histopathological examination revealed well-defined tumor islands consisting of numerous intradermal tubular structures with papillary projections (Figure 2). A diagnosis of papillary eccrine adenoma was established based on histopathological findings. No tumor was observed at the surgical margins. The patient, whose treatment was completed in the same session, was placed under follow-up.

Papillary eccrine adenoma is a rare cutaneous appendage tumor derived from sweat glands [1]. Papillary eccrine adenoma was first introduced to the literature by Rulon et al. in 1977, with a series of 14 cases [2]. Since its initial description, only a small number of cases have been reported. Although reported cases range from 9 to 78 years old, papillary eccrine adenoma is generally observed in adults [1,3]. The number of reported pediatric cases in the literature is less than 10 [4].

It typically presents as solitary dermal nodules on the extremities [1]. It can also be rarely observed on the face and trunk [4]. It can also rarely

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present as verrucous papules resembling cutaneous horn or viral wart [1].

Histopathologically, dilated ducts composed of two layers of tumor cells are most commonly observed. On the inner layers of the ducts characteristic intraluminal papillations are identified [4].

Although it is a benign lesion, clinically, it may resemble malignant skin tumors. In treatment, excision with clear surgical margins is usually sufficient [4]. Mohs surgery can also be applied to ensure complete removal of the lesion with clear surgical margins [5].

Due to its rarity, particularly in children, and the potential for confusion with malignant skin tumors, we found our case valuable to present.

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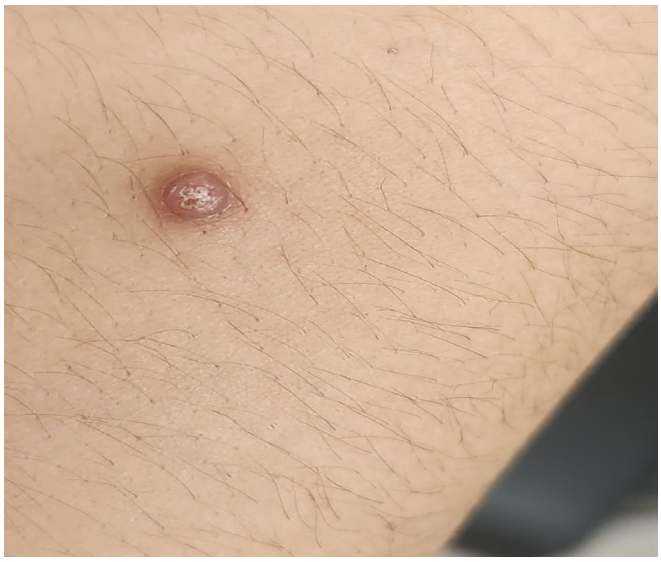

Figure 1: *Skin-colored umbilicated papular lesion on the left forearm*

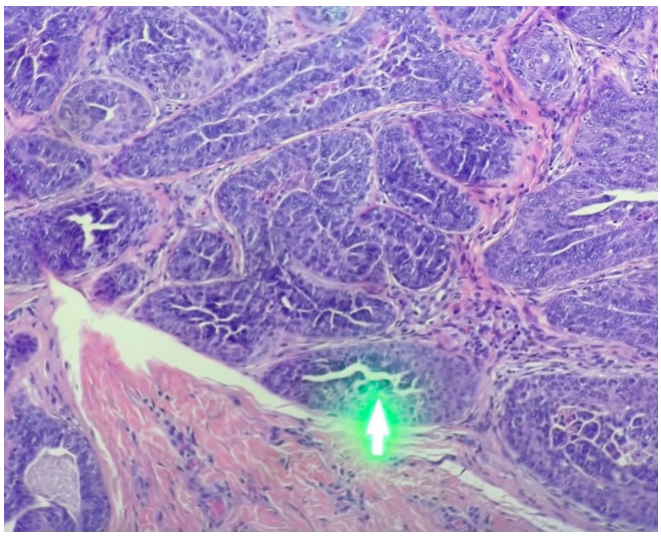

Figure 2: *Well-defined tumor islands and micro-papillae within tubules, Hematoxylin-eosin (H&E), 20x/0,40*

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