

Letter to the Editor

Malignant Nodular Hidradenoma Treated With Mohs Micrographic Surgery

To the Editor:

Malignant nodular hidradenoma is a rare sweat gland carcinoma that is known under multiple names (Table).¹ This tumor is characterized by local aggressive behavior and the propensity to metastasize. Distant metastases may occur in 50% to 60% of patients, and the 5-year survival rate following surgery is less than 30%.¹

We report the case of a 71-year-old man who presented with an asymptomatic but enlarging nodule on the left leg. He was otherwise in good health and had no relevant medical or surgical history. Physical examination revealed a 3.5×3.0-cm violaceous firm nodule on the left anterior leg (Figure, A). No ulceration was noted. No popliteal or inguinal lymphadenopathy was detected on manual examination of the lymph nodes. Two 6-mm punch biopsies were obtained, which were consistent with malignant nodular hidradenoma. The tumor was successfully treated with Mohs micrographic surgery. A discussion of sentinel lymph node biopsy was entertained; however, the patient declined. On gross examination,



Synonyms for Malignant Nodular Hidradenoma

Clear cell eccrine carcinoma

Clear cell hidradenocarcinoma

Malignant acrospiroma

Malignant clear cell acrospiroma

Malignant clear cell hidradenoma

Malignant clear cell myoepithelioma

Solid-cystic hidradenocarcinoma

Examination of the left anterior leg revealed a 3.5×3.0-cm violaceous firm nodule (A). Gross examination of the surgical specimen revealed a well-circumscribed tumor (B). The defect from Mohs micrographic surgery was reconstructed with a porcine xenograft (C).

the tumor was well-circumscribed and did not extend past the fascial layer (Figure, B). Microscopic examination revealed tumor cell nests in a lobular arrangement with intermixed collagenous stroma. The tumor was removed with a single stage of Mohs micrographic surgery and repaired with a porcine xenograft (Figure, C). Routine follow-up examination revealed no signs of persistent or recurrent tumor at 5 years.

Malignant nodular hidradenoma is derived from eccrine sweat glands. Most tumors arise in elderly individuals, typically on the head and scalp. This tumor is marked by a poor prognosis, high recurrence rate, and a high rate of metastasis.²

Physical examination typically reveals an ill-defined irregular tumor most often located on the head, neck, or extremities.^{3,4} Diagnosis often is delayed, with the average duration of growth approximately 4 years prior to diagnosis.⁵ Malignant nodular hidradenoma has a peak incidence in the sixth and seventh decades with an equal sex distribution.³ The histologic features are well-described by Tolland et al.¹

Treatment of malignant nodular hidradenoma previously included wide local excision. The use of Mohs micrographic surgery with superior evaluation of surgical margins has been utilized more recently as the primary treatment modality.¹ The use of sentinel lymph node biopsy also has been reported to be useful, especially given the propensity for metastatic spread.¹ The rarity of this tumor makes controlled trials difficult; however, we can infer some degree of utility from treatment of other similar tumors. The role of adjuvant radiation therapy also has been used.⁶

Estrogen-receptor positivity has been detected in a number of these neoplasms, which has sparked interest in treatment with hormone therapy. Schröder et al⁷ reported the use of tamoxifen as adjuvant therapy for an estrogen receptor–positive metastatic sweat gland adenocarcinoma.

Nodular malignant hidradenoma is a rare tumor with aggressive potential. Clinical diagnosis can be difficult due to its relatively indolent appearance.

Treatment with Mohs micrographic surgery offers an improved therapeutic approach over traditional excisional surgery.

Sincerely,
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The authors report no conflict of interest.

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