

EP-108

안면부에 발생한 다발성 한공암종:  
증례 보고

(Multiple Synchronous Eccrine Porocarcinoma of  
the Face : A Case Report)



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**Purpose:** Eccrine porocarcinoma is a rare malignant tumor originating from the sweat gland. It mostly develops on the lower extremities or head and neck region as papules, nodules, or plaques. Here, we report a rare case of two synchronous porocarcinoma on the lateral periocular and cheek area, which were initially diagnosed as Bowen's disease.

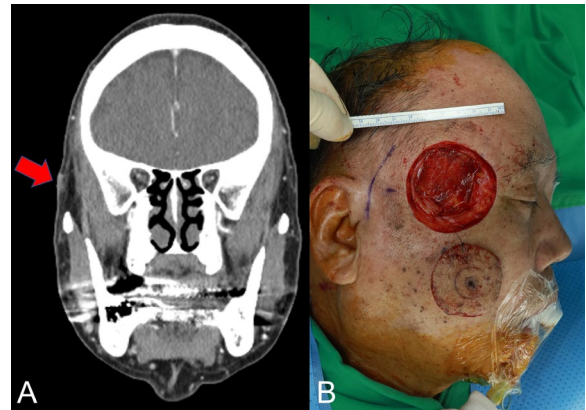
**Methods:** An 81-year-old male presented with two crateriform lesions, each measuring 10x5mm<sup>2</sup> and 5x5mm<sup>2</sup> on right lateral periocular and cheek areas, located 4cm apart. Four years prior, the patient was diagnosed with Bowen's disease and treated with CO<sub>2</sub> ablation at the dermatology department. Two years later, he experienced recurrence and received methyl aminolevulinate photodynamic therapy (MAL-PDT). Upon a second recurrence, punch biopsies on both lesions confirmed porocarcinoma and the patient was referred to our department. CT and PET scans showed no evidence of systemic metastasis.

**Results:** Two serial wide local excisions with frozen biopsy were performed for both periocular lesion and the cheek lesion. The periocular defect was reconstructed with a radial forearm free flap while cheek area was managed with direct closure under local anesthesia. Both pathology results revealed eccrine porocarcinoma with no involvement of resection margins. No recurrence or metastasis was found during 1 year follow-up period.

**Conclusion:** A porocarcinoma is rare malignancy with high morbidity that warrants early intervention and evaluation. In our case, the location and distance of tumors made a single immediate reconstruction challenging. Consequently, two separate reconstructions of each defect allowed adequate safety margins and allowed functional and aesthetic outcomes.



**Fig. 1.** An 81-year-old male with two distinct, crateriform, porocarcinoma on right lateral periocular (red arrow) and cheek area (yellow arrow), each located 4cm apart.



**Fig. 2.** Preoperative CT shows tumor infiltration deep to the SMAS layer and extensive subcutaneous involvement (A). Based on these findings, the excision was extended beyond the clinical tumor boundaries to deep temporal fascia, resulting in a 6x6cm<sup>2</sup> size defect following wide excision (B).



**Fig. 3.** Post operative photography at 6 months shows brow ptosis due to the frontal branch injury. Despite the ptosis, the overall aesthetic and functional results of the reconstruction are satisfactory.