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악성 흑색종과 유사한 양상을 보이는 하복부의 단순 한선가시세포종에서 기원한 색소성 상피내 한공암

(Pigmented Porocarcinoma In Situ Arising from Hidrocanthoma Simplex on the Lower Abdemen Mimicking Malignant Melanoma)

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Purpose : Pigmented eccrine porocarcinoma on the abdomen is an exceptionally rare adnexal tumor that is frequently misdiagnosed as malignant melanoma. We report a unique case of pigmented porocarcinoma *in situ* arising from a long-standing hidroacanthoma simplex on the lower abdomen, highlighting its significant diagnostic pitfalls.

Methods : A 72-year-old female presented with a multi-lobulated, deeply pigmented mass on her right lower abdomen. The nodule had been present for 20 years but recently enlarged. Its variegated color and irregular borders clinically mimicked malignant melanoma (Fig. 1). A wide excision with a 10-mm safety margin was performed, and the defect was reconstructed with a tension-free primary closure (Fig. 2).

Results : Histopathological examination revealed intraepidermal nests of poroid cells exhibiting marked nuclear atypia, pleomorphism, and prominent mitotic figures, confirming the malignant transformation into porocarcinoma *in situ* (Fig. 3). Immunohistochemical staining demonstrated that the tumor cells were positive for EMA and CEA, but completely negative for S-100 and Melan-A. The distinct black pigmentation was confirmed to be caused by the prominent colonization of non-neoplastic dendritic melanocytes (Fig. 4), definitively ruling out malignant melanoma.

Conclusion : When evaluating long-standing pigmented lesions on the abdomen, rare adnexal malignancies such as pigmented porocarcinoma must be considered in the differential diagnosis. Accurate histopathological and immunohistochemical evaluations are essential to differentiate these from melanocytic malignancies, thereby preventing overly aggressive surgical overtreatment.

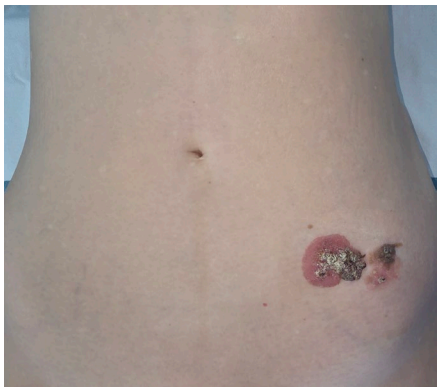

Fig 1. Preoperative clinical appearance. A multi-lobulated, deeply pigmented mass with variegated colors and irregular borders on the left lower abdomen, clinically mimicking malignant melanoma

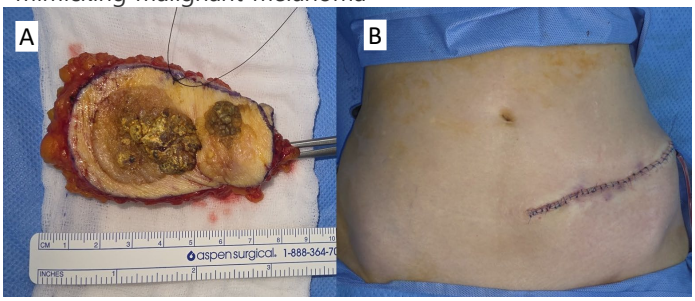

Fig 2. Surgical specimen and postoperative result. (A) Gross specimen of the excised tumor following wide excision with a 10-mm safety margin. (B)Immediate postoperative view showing the defect reconstructed with a tension-free primary closure.

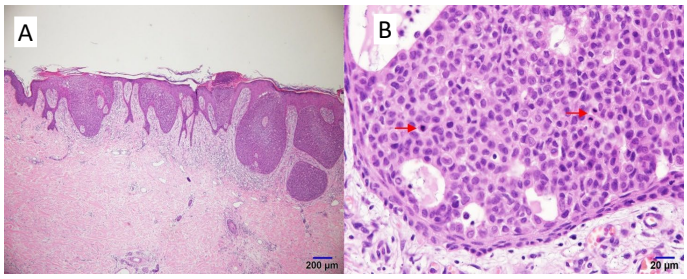

Fig 3. Histopathological findings (H&E stain). (A) Low-power view (×12.5) showing prominent intraepidermal nests of poroid cells, characteristic of porocarcinoma in situ. (B) High-power view (×400) revealing marked nuclear atypia and pleomorphism. Red arrows indicate prominent mitotic figures (daughter cells).

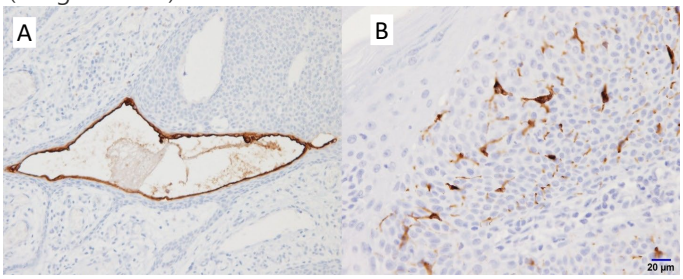

Fig 4. Immunohistochemical (IHC) analysis. (A) CEA staining (×200) highlighting the ductal structures within the tumor nests. (B) Melan-A staining (×400) showing negative results in the tumor cells, while highlighting the colonization of non-neoplastic dendritic melanocytes (brown-stained cells) responsible for the clinical pigmentation.