Extensive Poroid Hidradenocarcinoma of the Head and Neck

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INTRODUCTION

The patient underwent craniofacial resection extending to the infratemporal fossa and parapharyngeal space, ipsilateral neck dissection, and reconstruction with pectoralis major myocutaneous flap. A second stage procedure was performed two months later by the neurosurgical service to remove residual tumor in the right temporal bone, middle fossa and infratemporal fossa. The patient developed acute right jugular foramen syndrome with multiple lower cranial nerve deficits. Magnetic resonance imaging revealed a recurrence in her right temporal bone and she underwent another craniectomy. External beam radiation had been recommended but declined by the patient and her family. The patient was discharged to hospice care. She did not return for further follow-up.

CASE PRESENTATION

A 73-year-old female presented with a massive, ulcerated tumor involving the right side of her face which had been progressively enlarging for four years. She had been living in nursing home during this time and had infrequent visits. She was eventually forced to seek medical attention by her family.

On examination, a large, fungating, ulcerative mass involved the right side of her face, the temporal soft tissues, and upper neck (Figures 1 and 2). There were no palpable cervical lymph nodes. She did have a complete facial palsy on the side of the tumor. There was no history of prior radiation or excessive sun exposure. There was no history of any illicit drug use. There was no history of prior radiation or excessive sun exposure. There was no history of any illicit drug use.

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CONCLUSIONS

Malignant sweat gland tumors are rare and can present in a variety of ways. They are often 1-2 cm benign skin tumors, but certain malignant subtypes (such as hidradenocarcinoma) have a predilection for rapid enlargement. The head and neck region. Malignant eccrine neoplasms require aggressive surgical therapy focused on obtaining negative margins. Surveillance and distant metastases are common and often fatal. There may be a role for Mohs micrographic surgery in the managing small lesions.

The practicing head and neck surgeon should guide management of any tumor (common or rare) by first obtaining tissue diagnosis.

REFERENCES