68-year-old Man with PMH including CML s/p bone marrow transplant, melanoma, BCC, and multiple other carcinomas of the left ear and left upper extremity with metastasis to the left axilla

Contributed by Dr. Qinghong Yang
Five skin biopsies performed on 4/24/2019

Contributed by Dr. Qinghong Yang
#1. Left Elbow

Contributed by Dr. Qinghong Yang
#2. Left Dorsal Forearm

Contributed by Dr. Qinghong Yang
#3. Left Dorsal Hand

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#4. Right Dorsal Forearm

Contributed by Dr. Qinghong Yang
#5. Left Anti-helix

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Skin excision performed on 05/29/2019

Contributed by Dr. Qinghong Yang
#1. Left Ear

Contributed by Dr. Qinghong Yang
#2. Left Elbow

Contributed by Dr. Qinghong Yang
#3. Left Forearm

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Skin excision performed on 06/23/2020

Contributed by Dr. Qinghong Yang
Left Ear, auriculectomy

Contributed by Dr. Qinghong Yang
Diagnosis

Skin, Excisional Biopsies:

- SQUAMOID ECCrine DUCT CARCINOMA
- FOCI SUSPICIOUS FOR LYMPHOVASCULAR INVASION IDENTIFIED
Discussion

• Squamoid Eccrine Duct Carcinoma (AKA Adenosquamous carcinoma) is an extremely rare tumor. It was diagnosed twice as squamous cell carcinoma in the two earlier biopsies (4/24/2019 and 5/29/2019).

• Histologically, this tumor presents as a poorly demarcated and infiltrative neoplasm extending into deep dermis and subcutaneous tissues. In the deeper reaches the tumor appears more infiltrative and ductal differentiation in the form of a cuticle-like luminal structure is identified in addition to intracytoplasmic vacuoles.

• IHC for CEA and EMA confirm its ductal differentiation. It is negative for S100.

• Squamous cell carcinoma can be excluded by the presence of ductal differentiation and connection with eccrine ducts.