ISSN 2321 – 7359 EISSN 2321 – 7367

discovery

Medical Science

A case of Apocrine Gland Carcinoma of Right Axilla with (Ipsilateral) Right Cervical Lymphadenopathy

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Publication History
Received: 06 October 2013
Accepted: 23 December 2013
Published: 15 January 2014

Citation
Sailaja K, Rajani Devi G, Sainath DNSP. A case of Apocrine Gland Carcinoma of Right Axilla with (Ipsilateral) Right Cervical Lymphadenopathy. *Medical Science*, 2014, 4(12), 39-41

ABSTRACT

Skin Malignancies can arise from cells of different layers of skin or pigmented melanocytes. Skin adnexal malignancies arise from its appendages namely-sweat glands,sebaceous glands, hair etc.and form a minority in incidence.We report a case of Apocrine gland carcinoma arising in axillary region in a male patient with ipsilateral axillary and cervical lymphnodal metastasis.It was treated by Wide local excision and Cervical lymphnode dissection (Modified Radical Neck Dissection-typeIII) and the patient was sent for radiotherapy.

Keywords: Apocrine gland carcinoma, Axilla, Cervical lymphadenopathy, Widelocal excision, Radiotherapy.

1. INTRODUCTION

Skin Malignancies can arise from cells of different layers of skin or pigmented melanocytes. Skin adnexal malignancies arise from its appendages namely-sweat glands, sebaceous glands, hair etc., and form a minority in incidence. Sweat gland neoplasms are rare with approximately 200 cases of eccrine sweat gland and less than 50 cases of apocrine gland carcinoma being reported in the worldwide literature.

2. CASE-REPORT

We report a case of a 65-year-old man,from East Godavari district, Andhra Pradesh, India, Farmer by occupation who presented with a slow growing painless nodule of right axilla (Chamberlain et al. 1999) of two years duration with

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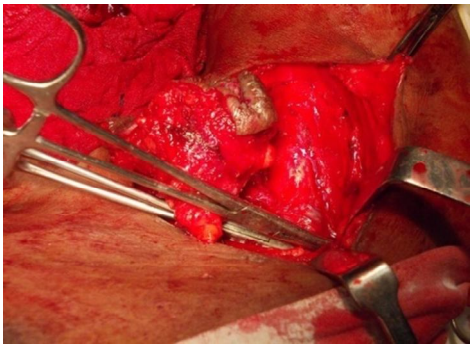
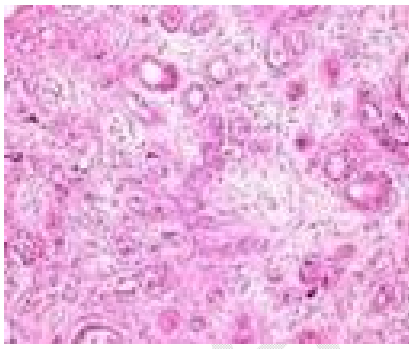
Clinical Photograph



Operative Photograph



Histology

ulceration of the nodule since 7 days, and right supraclavicular lymph nodal swelling since 10 days. No history of trauma and fever is reported. Patient was admitted with 8x5cms nodular mass with a 2x4cms ulcer on the growth in right axilla.Ulcer had indurated edges and bleeding on touch .Supraclavicular lymphnodal mass was two swellings of 2x1cms and 3x2cms, nontender, firm, mobile masses. Wedge biopsy was reported as sebaceous carcinoma. Fine Needle Aspiration Cytology revealed malignant deposits in the lymphnodes. Patient was investigated with chest x-ray and CT chest to rule out pulmonary pathology and was posted for surgery.Wide local excision of the axillary swelling and Right Modified Radical neck dissection, type III was performed. Primary skin closure was achieved by undermining the upper and lower flaps. Patient had uneventful recovery and suture removal was done after healing. Histopathological (Nidal et al. 2007) examination revealed an invasive apocrine adenocarcinoma and lymph node specimen showed malignant deposits. Abundant eosinophilic cytoplasm with eccentric, basally located nuclei is the characteristic histology finding. Patient was sent for radiotherapy.

3. DISCUSSION

Apocrine adenocarcinoma is a rare malignancy with high metastatic potential that occurs mostly in the axilla. The tumour is classified under the ADNEXAL malignancies of skin. Other sites of predilection include anogenital region, eyelid, ear, chest, wrist, lip, foot, toes/fingers. Wide local excisions with cervical lymphnode block dissection followed by radiotherapy. The prognostic factors for apocrine adenocarcinoma are relatively poor and include size, histological type, lymph node involvement and distant metastasis. The disease free survival rate for 10 years in the absence of metastasis to the lymph nodes is reported to be 56%. This percentage, however, drops to 9% if lymph node metastasis is involved (Mitts et al. 1976). This entity should be considered in the differential diagnosis of slowly growing skin tumours in the region of the axilla. Axillary region being often involved with pyogenic infection of sweat glands, known as HYDRAEDINITIS SUPPURATIVA, this grave condition is usually neglected by patients and may be overlooked by the examining doctor.

ACKNOWLEDGEMENT

We thank the Patient and the Department of Pathology Rangaraya Medical College,Kakinada for their cooperation.

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