

## PRACTICAL DERMOSCOPY

### Pigmented Tumor on the Scalp<sup>☆</sup>



#### Tumor pigmentado de cuero cabelludo

#### Case Report

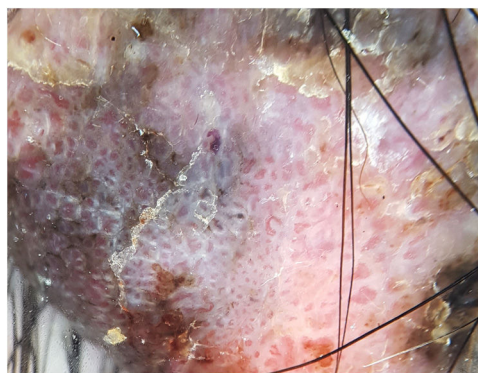
A 27-year-old woman with no remarkable medical history presented with an asymptomatic tumor of several years' duration on the scalp. Physical examination revealed a firm, skin-colored, pedunculated lesion with a diameter of approximately 2 cm.

#### Comment

Evaluation of the lesion with polarized light dermoscopy showed a polymorphous vascular pattern with hairpin, dotted, glomerular, and arborizing vessels with elliptical endings, white areas around the vessels, and blue-gray peripheral pigmentation. The histopathologic features were consistent with pigmented eccrine poroma (Figs. 1, 2).



**Figure 1** Photograph of lesion on the frontoparietal area of the scalp.



**Figure 2** Dermoscopic appearance of the lesion (polarized light dermoscopy).

Eccrine poroma is a benign adnexal tumor derived from acrosyringial cells. Onset is most common between the fourth and sixth decades of life and the tumor shows no predilection for sex.<sup>1-3</sup> It usually occurs on the hands and feet, but has been reported in other areas, although scalp lesions are rare.<sup>4,5</sup> Clinically, it presents as a firm nodule, papule, or plaque.<sup>1,5,6</sup> Pigmented and nonpigmented variants exist, although the latter are less common.<sup>1,3,5</sup>

Eccrine poroma exhibits a wide variety of dermoscopic patterns frequently suggestive of other common skin tumors.<sup>4,5</sup> One of these patterns is the polymorphous vascular pattern, which consists of different types of vessels, including cherry blossom vessels. These are arborizing vessels with elliptical or semi-elliptical endings and they were a key diagnostic finding in our patient.<sup>3-5</sup> Other characteristic dermoscopic findings are structureless yellowish areas, milky red globules, interlacing white areas around vessels, and blue-gray globules in pigmented lesions.<sup>3-5</sup>

Histologic findings include nests or cords of basaloid cells connected to the epidermis<sup>1,4,6</sup> as well as differentiation towards poroid cells, characterized by the formation of small ductal lumina.<sup>1,4,6</sup> Melanocytes and melanin are observed in pigmented variants.<sup>2,4</sup>

The differential diagnosis includes benign lesions such as pyogenic granuloma, seborrheic keratosis, and angiofibromas, and malignant lesions, such as squamous cell carcinoma, basal cell carcinoma, and melanoma.<sup>1,5,6</sup> Although the definitive diagnosis of eccrine poroma is histopathologic, dermoscopic features, while not pathognomonic, can help establish a tentative diagnosis.<sup>1,3,5</sup>

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Although eccrine poroma is benign, the treatment of choice is surgery, as there have been reports of transformation to eccrine porocarcinoma.<sup>2</sup>

### Conflicts of Interest

The authors declare that they have no conflicts of interest.

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J.N. Vidal,<sup>a,b,\*</sup> A.C. Innocenti,<sup>c</sup> N. Marabini<sup>b,c</sup>

<sup>a</sup> *Servicio de Dermatología, Hospital Español de Mendoza, Mendoza, Argentina*

<sup>b</sup> *Facultad de Ciencias Médicas, Universidad Nacional de Cuyo, Mendoza, Argentina*

<sup>c</sup> *Servicio de Dermatología, Hospital Luis Lagomaggiore, Mendoza, Argentina*

\*Corresponding author.

E-mail address: [jorgelinavidal@gmail.com](mailto:jorgelinavidal@gmail.com) (J.N. Vidal).