



## Hidradenocarcinoma of the Scrotum

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Lesions of the skin and soft tissues of the penis and scrotum may be confusing in urological practice, since rare differential diagnoses can be challenging to providers with limited dermatological experience. Hidradenocarcinoma is one of such diagnoses, a rare and aggressive malignant tumor originating from sweat glands.

A 61 year-old man presented with a nodule in the penoscrotal region which had appeared 1 year before consultation. He had no history of penile lesions, sexually transmitted diseases, or other complaints. Surgical resection revealed a hidradenocarcinoma of the scrotum infiltrating subcutaneous tissue. *UROLOGY* 133: e13–e14, 2019. © 2019 Elsevier Inc.

**H**idradenocarcinoma is a rare and aggressive malignant adnexal tumor originating from sweat glands, occurring more frequently in the head, neck, and extremities.<sup>1</sup> Presentation is often insidious with an asymptomatic slowly growing skin nodule. Outcome is often poor, with up to 70% of local recurrence and up to 60% of lymph node metastasis.<sup>2,3</sup> Differential

diagnosis includes benign and malignant tumors of skin and soft tissues, including lipoma, lymphangioma, squamous cell carcinoma, and melanoma.<sup>4</sup>

We present the case of a 61 year-old man presenting with a skin lesion in the penoscrotal region which had started 1 year before consultation, starting to present faster growth in the previous 2 months. (Fig. 1) He had no history of sexually transmitted diseases, urethral discharge,



**Figure 1.** Nodule located in the penoscrotal region, which had appeared 1 year before consultation. The nodule was hard in consistency and was mobile to palpation.



**Figure 2.** Site of resection of the tumor with exposure of the corpora cavernosa and corpus spongiosum.

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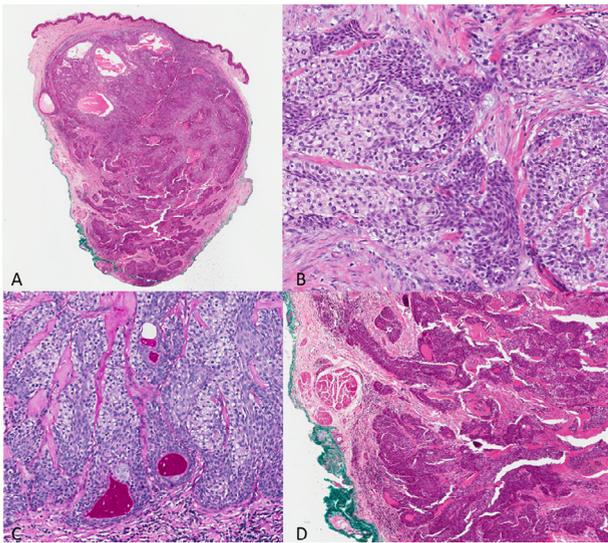
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**Figure 3.** Histological aspects of a hidradenocarcinoma of the scrotum. (A) 10× magnification with hematoxylin and eosin staining (HE) reveals a cystic-solid tumor with irregular borders originating in the dermis and extending through the subcutaneous tissue. (B) 150× magnification with HE showing clear cells and squamoid cells. (C) 150× magnification with Periodic acid-Schiff diastase stain revealing areas of ductal differentiation. (D) 150× magnification with HE showing infiltrative borders in the profound margin of the lesion.

previous penile lesions, lymph node enlargement, or any other complaints. The patient underwent surgical resection of the lesion with extended surgical margins of 2 mm.(Fig. 2) Pathology report revealed a Hidradenocarcinoma of the scrotum infiltrating subcutaneous tissue.(Fig. 3) Abdominal and pelvic CT scan revealed no lesions and no lymph node enlargement. Following surgery, the patient underwent 30 sessions of electron beam therapy comprising a total of 60 Gy applied to a circumferential area of 3 centimeters from the site of resection.

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