Resident Forum

Exophytic Masses on the Scrotum with Multiple Draining Sinuses

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CASE REPORT

A 58-year-old male suffered from multiple draining sinuses involving the buttocks and the scrotum for more than 30 years. His skin condition had deteriorated over the past 12 months and three exophytic tumors had rapidly arisen from the scrotum. His medical history was significant for a peptic ulcer and alcoholic liver disease. The physical examination revealed widespread scarring and induration of the gluteal region and the scrotum, with dense networks of sinus tracts that exuded purulent material (Fig. 1). In addition, there were three ulcerated, fungating nodules on the left hemiscrotum (Fig. 2). A skin biopsy was taken from one of the nodules, the histopathology of which is shown in Figs. 3 and 4. Human papilloma virus genotyping test by means of HPV gene chips was negative.

Fig. 1
Extensive scarring and induration of the buttock with multiple suppurating, draining sinuses.

Fig. 2
Three fungating masses with multiple draining sinuses (arrows) on the scrotum.

Fig. 3
Irregular masses of epidermal cells that proliferate downward into the dermis with horn pearls formation. (H&E stain, 40X)

Fig. 4
Marked cellular pleomorphism and mitotic activity. (H&E stain, 400X)

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DIAGNOSIS: Squamous Cell Carcinoma Arising in Chronic Hidradenitis Suppurativa

DISCUSSION

Hidradenitis suppurativa (HS) is a chronic, suppurative, and cicatricial inflammatory disease mainly affecting apocrine gland-rich areas of the skin. Hidradenitis suppurativa occurs most commonly in the third and fourth decades of life. It is because apocrine glands are stimulated by androgen and suppressed by estrogen that HS is rarely seen prior to puberty and never develops after the menopause. Both sexes are equally affected, but the axillary region is more often involved in women while the anogenital or perineal areas are more often involved in men. Although many cases of HS are mild, perineal HS is associated with a high recurrence rate and is associated with a variety of complications, including anemia, fistula formation, fecal incontinence, squamous cell carcinoma (SCC), and even death. It has been postulated that chronic irritation and susceptibility to infection may lead to the proliferative epidermal changes including squamous cell carcinoma (SCC). The anogenital region is especially prone to such complications, possibly because this anatomic region is more easily neglected and inadequate treatment further complicates the progressive course of the disease. Lapins et al., in an attempt to confirm the relationship of non-melanoma skin cancer and HS, conducted a retrospective cohort study of 2,119 patients hospitalized for HS in Sweden. The authors observed a 4.6-fold increase of SCC at an interval of 1-32 years after enrollment and suggested that the increased frequency of skin cancers, the site of the chronic inflammation, and bacterial colonization, support a possible etiopathologic link between the disease and neoplasia. Difficulty may arise, however, in distinguishing between a well-differentiated SCC and florid pseudoepitheliomatous hyperplasia. In contrast to the latter condition, SCCs often have associated tissue destruction, necrosis, and keratin pearls. Mitotic activity is seen in both conditions, but abnormal mitoses are seen only in SCCs. Sound clinical judgment must therefore be exercised in the persistent and aggressive re-evaluation of cases suspected of being SCC.

SCC arising from HS are more malignant than SCC arising de novo, as demonstrated by the former's rapid growth, local invasion, and distant metastasis. As in our patient, abdominopelvic computerized tomography revealed the tumor deeply invaded to the gluteal area, multiple lymphadenopathies, and liver metastasis. Because of the extensive nature of the tumor, surgery was rejected and he was then transferred to the Oncology department of another medical center for chemotherapy. As illustrated by the case herein, we recommend having a high degree of suspicion regarding the possibility of malignant transformation in cases with chronic and extensive HS. Whenever atypical clinical manifestations of HS occur, histopathologic examination of representative skin biopsy specimens are recommended.

REFERENCES