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A 28-year-old female presented with slightly pruritic eruption localized especially to her neck and trunk with a five-year history. She described that, papules became more erythematous and pruritic by sweating. No family member had ever had a similar skin condition. She was otherwise healthy and had no abnormality in physical examination. Dermatological examination showed that multiple, skin to tan colored and slightly raised papules of 2-3 mm in diameter were distributed on her neck, anterior chest, axillae and upper abdomen (Figure 1 and 2). Her face, mucous membranes, palms, soles and acral surfaces were spared. The complete blood count, urine analysis and liver enzymes were within normal limits. Direct mycological analyses of the papules were negative. Microscopically, the tumor covered by irregular acanthotic stratified squamous epithelium next to skin appendages was observed in the dermis. It was composed of small and dilated cystic sweat ducts, some of which were characterized by comma-like tails. Some ducts contained amorphous eosinophilic material and consisted of uniform, flattened or cuboidal epithelial cells with clear or eosinophilic cytoplasm. There was no mitotic figure (Figure 3).

On the basis of given medical history, physical examination, laboratory data and histopathological findings, what is your diagnosis?



FIGURE 1: The papules on the neck and anterior surface of the trunk.



FIGURE 2: The papules on the upper abdomen.

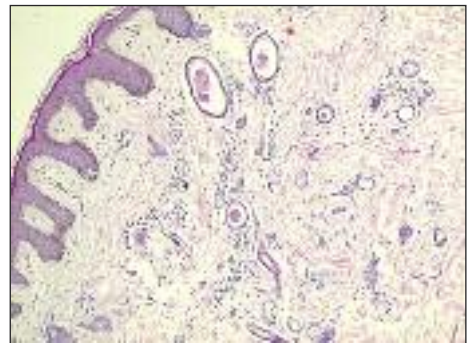


FIGURE 3: Note the dilated sweat ducts, some of which were characterized by comma like tails. (HE, x50).