

FROM TRAUMA TO TUMOR: A PAINFUL AXILLARY LESION EXPOSED AS SPIRADENOCARCINOMA

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INTRODUCTION

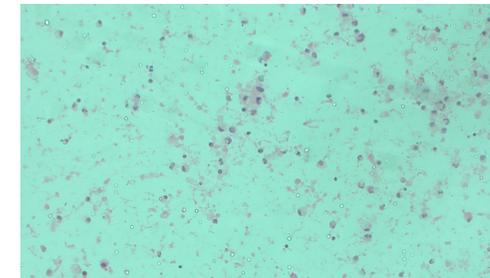
- Spiradenocarcinoma is an extremely rare malignant adnexal tumor
- Most cases arise from malignant transformation of benign spiradenoma
- Clinical diagnosis is difficult due to indolent onset, non-specific symptoms & frequent misdiagnosis as benign or infective lesions
- Association with preceding trauma is uncommon and poorly documented
- Early recognition is critical due to potential aggressive behavior

CASE HISTORY

A 36-year-old male developed a progressively enlarging, painful left axillary mass following blunt trauma, with an asymptomatic interval of 6-7 months which gradually increased in size in a span of 1 year. Repeated incision & drainage procedures were done for presumed infection. MRI revealed a large cystic/necrotic lesion, and although FNAC suggested an inflamed cyst, excision and histopathology with IHC confirmed spiradenocarcinoma. The patient is disease-free at 5-months follow-up



Image showing mass in the axillary region. Size: 10X7X5 cm



FNAC findings showed inflammatory cells



Gross image: Cut surface shows multiple nodules and papillary projections

RESULTS

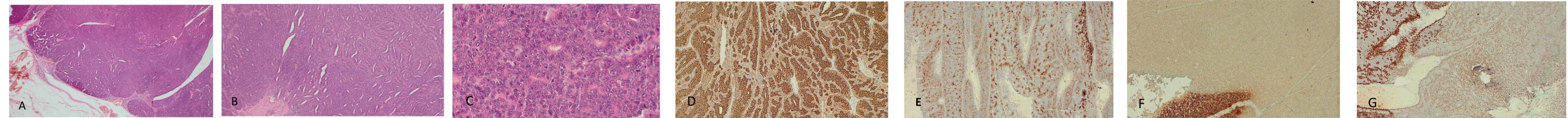


Figure A: (4X) Image shows a capsulated lesion. Figure B (20x): Shows basaloid looking cells exhibiting BCAC-HG and BCAC-LG pattern. Figure C shows brisk atypical mitosis. Figure D, E: CK7 and EMA positivity in luminal aspect of glands respectively. Figure F, G : SOX10 and P63 positivity in low grade looking areas respectively.

DISCUSSION: IHC approach to carcinoma in an axillary swelling

CONCLUSION

REFERENCES

IHC Positivity	To rule out
BCL-2 & BerEP4	Basal cell carcinoma
CK 20	Merkel cell carcinoma
NAPSIN A & TTF 1	Lung adenocarcinoma
GATA 3	Breast carcinoma

- Recurrent, progressively enlarging or painful lesion warrants early biopsy
- Long-standing axillary lesions should raise suspicion for rare malignancies
- Definitive diagnosis relies on histopathology & IHC
- Complete surgical excision remains the cornerstone of management

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2. WHO Classification of Skin Tumours
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