

Recurrent Eccrine Carcinoma on Face Mimicking Breast Cancer and Treated with Hormone Therapy

Yu-Han Chen, MD; Santiago Imhoff, MD; Andrea Sun, Shanelly Singh, APN; Kayleigh Chen, Natasha Rastogi, MD; Alain Cagaanan, MD; Maxwell Janosky, MD;

Introduction	Discussion	PET/CT
- Eccrine carcinoma (EC) is a largely understudied malignancy due to its rarity, comprising less than 0.01% of all identified cutaneous malignancies. - Diagnosing eccrine carcinoma poses a major challenge due to its great diversity, rarity, and complexity. - The human breast is a modified apocrine sweat gland. Given this common origin, differentiating EC from metastatic breast cancer can be challenging.	- There is no established EC treatment. For localized eccrine carcinoma is wide excision. In metastatic disease, chemotherapy and radiation are the primary treatment. - Previous case reports have suggested that hormone receptor-positive eccrine carcinoma may respond to hormone therapy, such as tamoxifen and letrozole. - We extrapolated the treatment effect from breast cancer into eccrine carcinoma given the fact that the pathology report revealed ER and PR were strongly positive.	

Case Presentation

66-year-old female who presented with a recurrent left lower lip lesion.

Left lower lip lesion with R0 resection. Pathology indicated a primary ductal carcinoma of the breast with ER (99% strong), PR (99% strong).

R2 resection with the finding of poorly differentiated adenocarcinoma with extensive perineural invasion evident at the margins.

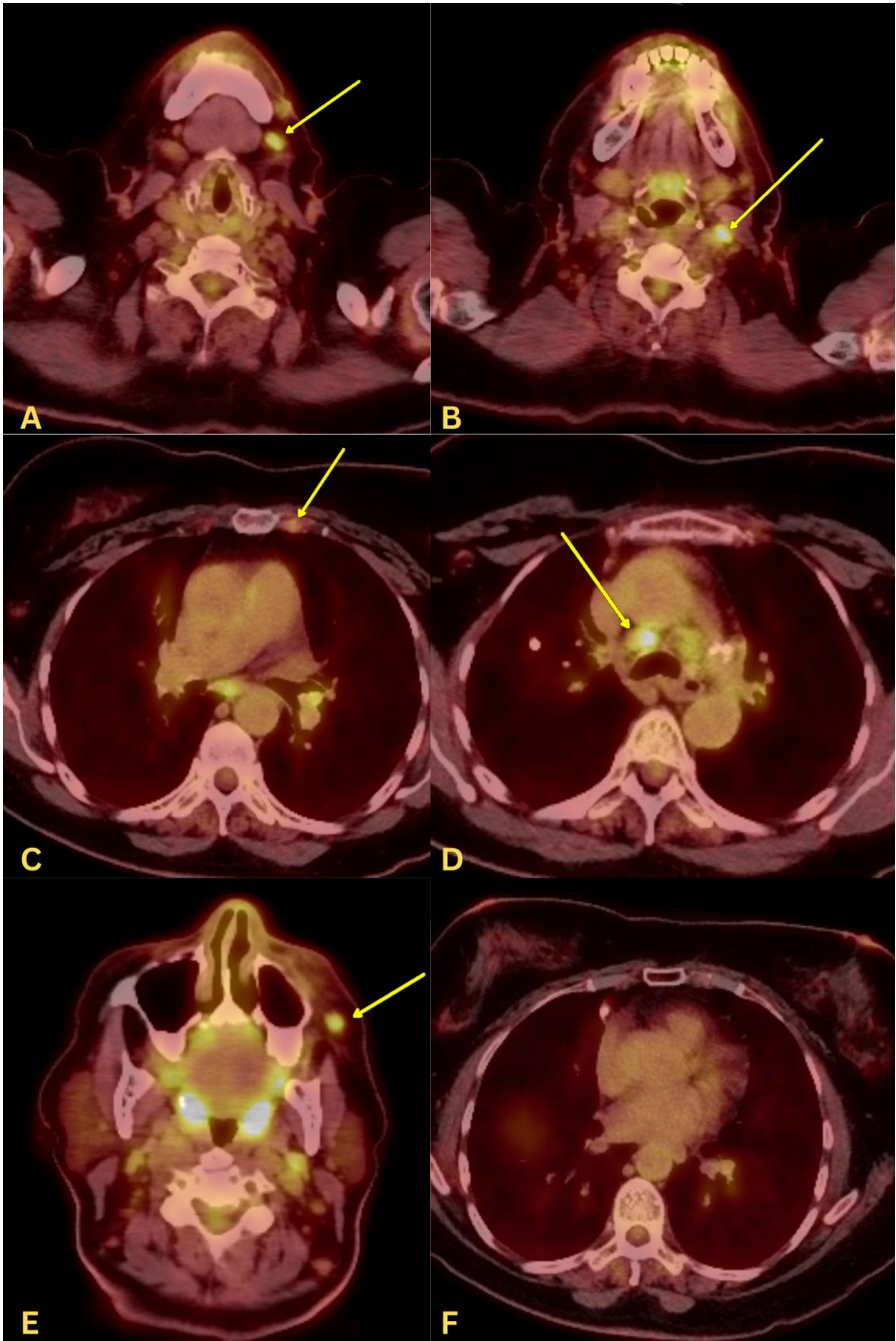
Commenced treatment with **Letrozole** and **Ribociclib**.



Recurrence. Another R0 Resection.

Diagnosed with metastatic eccrine carcinoma.

Refused Cisplatin and radiotherapy.



FDG-PET/CT scan of the whole body demonstrates increased FDG avidity in (A) left level 1 lymph node, (B) left level 2 lymph node, (C) left internal mammary lymph node, (D) mediastinal/paratracheal lymph node, and (E) left malar soft-tissue nodule (yellow arrows) concerning for metastatic disease. (F) No evidence of increased FDG avidity within the breast tissues to suggest neoplastic disease.