Hidradenocarcinoma in a young Caucasian male, arising from a metatarsophalangeal joint and presenting with inguinal lymphadenopathy

Chii Yang Kuah1*, Jaslyn Ju Lia Gan2 and Steve Nicholson1
1Department of Oncology, Southend Hospital, Prittlewell Chase, Southend-on-Sea, UK
2Lister Hospital, Coreys Mill Ln, Stevenage SG1 4AB, UK

Abstract
We report a case of a 25-year-old male with primary hidradenocarcinoma arising from the medial aspect of the left metatarsophalangeal joint who presented with palpable inguinal lymphadenopathy. The patient was able to give a corroborated history of the primary lesion being present for 4 years prior to the development of his groin swelling. Initial biopsy of the primary lesion suggested a malignant adnexal tumour. He underwent wide local excision of the primary lesion and therapeutic inguinal lymph node dissection. Review of the excision specimens established the diagnosis of hidradenocarcinoma. We discuss this case due to the rarity of the site of the tumour and demographics of the patient. There is limited data available on hidradenocarcinoma and there is no consensus on what should constitute standard identification and management.

*Correspondence to: Chii Yang Kuah, 217, Whitehouse Apartments, 9 Belvedere Road SE1 8YR, London, UK, E-mail: james.kcy@hotmail.com

Key words: hidradenocarcinoma, wide local excision, metastatic rate, lymph nodes, sentinel node biopsy

Received: August 17, 2018; Accepted: October 04, 2018; Published: October 29, 2018
Kuah CY (2018) Hidradenocarcinoma in a young Caucasian male, arising from a metatarsophalangeal joint and presenting with inguinal lymphadenopathy

Evidence guiding the management of hidradenocarcinoma is limited: wide local excision with or without prophylactic lymphadenectomy is the treatment most often described for clinically node-negative disease [1]. The perception that this is a rapidly-growing cancer has led to the recommendation that wide local excision should be performed as a matter of urgency [2,3]. The role of prophylactic lymph node dissection is controversial, with no evidence to suggest that it increases the disease-free interval. Some authors recommend prophylactic lymphadenectomy on the basis of the aggressive and high metastatic potential of the tumour [5].

The primary hidradenocarcinoma described here behaved indolently and had been present for at least 3 years before metastasising to the inguinal lymph node basin. Invasion of locoregional lymph nodes is a standard indication for therapeutic lymph node dissection, and our patient was therefore managed by wide local excision with therapeutic lymphadenectomy [6].

Hidradenocarcinoma was initially thought to be resistant to radiotherapy, but there is some suggestion that post-operative radiotherapy may improve local control: Harari et al. reported a series of three patients where the primary lesion and the draining lymph node basin were treated with external beam radiotherapy [7]. The patient-maintained remission for up to 35 months.

The role of chemotherapy in the adjuvant setting is uncertain, but systemic therapy is usually considered in patients with metastatic disease. Fluoropyrimidine-based regimens are most often reported, with capcitabine or intravenous 5-fluorouracil (5FU) popular as first-line treatment [8,9]. A full survey of systemic therapy is beyond the scope of this report, but successful systemic therapy with non-cytotoxic agents has been reported, including the vascular endothelial growth factor (VEGF) inhibitor sunitinib [10].

Early diagnosis is generally considered critical to successful treatment outcome and preservation of quality of life, but five-year postsurgical survival rate is less than 30%, with local recurrence rates ranging from 10 to 50% [2,3,8]. Our patient is still in remission three years post-surgery with no adjuvant therapy.

**Conclusion**

Hidradenocarcinoma is difficult to identify through appearance and is often confused with benign lesions. There are very few reported cases and no prospective studies to inform epidemiology and management options. Clinical trials in rare cancers are particularly challenging, and a novel approach to trial design would be essential in a tumour with the rarity of hidradenocarcinoma.

**References**

3. Genetic and Rare Diseases Information Center (GARD) - An NCATS program. Hidradenocarcinoma.
Kuah CY (2018) Hidradenocarcinoma in a young Caucasian male, arising from a metatarsophalangeal joint and presenting with inguinal lymphadenopathy


Copyright: ©2018 Kuah CY. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.