Letter to the Editor

Response to taxane-based chemotherapy in metastatic eccrine porocarcinoma with extensive cutaneous involvement

Sir,

Eccrine porocarcinoma (EP) is a malignant tumor related to the sweat gland duct. These tumors are characterized by high local recurrence rate following surgical resection and generally an aggressive clinical behavior.

We present the successful control of symptoms and a good response to palliative taxane-based chemotherapy in an extensive and inoperable case of EP. A 56-year-old male presented with extensive ulcero-nodular lesions over the anterior abdominal wall and the anterior lower chest with excruciating pain, bleeding, and discharge. Clinical examination revealed bilateral axillary lymph node enlargement of size 10 × 8 cm on the right side. Other clinical examinations were normal. Biopsy from the lesion showed malignant adnexal tumor consistent with EP [Figures 1 and 2]. Cytologic analysis of lymph node was positive for malignant cells.
The patient was started on palliative chemotherapy with multi-agent regimen consisting of doxorubicin, mitomycin, vincristine, and 5-fluorouracil (5-FU), administered every 4 weeks in rotation with cisplatin and bleomycin.\(^1\) Chemotherapy was changed to single agent paclitaxel 175 mg/m\(^2\) every 3 weeks, as he developed progressive disease after the initial regimen. Carboplatin was added from subsequent cycles as he had minimal response to paclitaxel [Figure 3]. He had a partial response to this regimen in the form of pain relief, decrease in the size and number of skin lesions, and reduction in the size of the axillary nodes to 2 × 2 cm. Patient tolerated the schedule well, but eventually developed neuropathic changes. Hence, he was switched on to single agent docetaxel 75 mg/m\(^2\). The treatment was well tolerated and resulted in marked symptom control and clinical response. He succumbed to his illness after a follow-up of 14 months.

Various chemotherapeutic agents have been used in the management of metastatic EP with varying response. Swanson et al. reported a complete response of 3 months duration by using a 96-h infusion of 5-FU in a patient with multiple systemic metastasis.\(^2\) Docetaxel was used with good symptomatic relief in a patient reported by Plunkett et al.\(^3\) There is report of a patient with multiple cutaneous and lymph nodal recurrence treated with prophylactic lymphadenectomy, radiotherapy, and oral isotretinoin, subsequently substituted by tegafur without any evidence of distant metastases after a 5.6-year follow-up.\(^4\) A complete remission lasting 2 years was reported in a patient treated with a four-drug regimen using Adriamycin, cyclophosphamide, vincristine, and bleomycin.\(^5\) There is a case report of successful use of melphalan and intra-arterial 5-FU combined with regional hyperthermia by Briscoe et al. Perilesional injection of interferon (INF)‑alpha and interleukin (IL‑2) has shown some benefits. Bree et al. described a case in which topical 5-FU application and intra-arterial chemotherapy with docetaxel resulted in a histologically confirmed complete response of multiple regional skin metastases for more than 2 years.

Only few case reports are available regarding the management of inoperable or metastatic EP. Available literature shows the use of a wide range of chemotherapeutic agents which showed varying response. Taxane-based regimen provides good response and quality of life.

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References


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