



identified as poroid hidradenoma. There have been a small number of reports describing poroid hidradenoma [1,7,8], and the present case is a rare instance. Requena [9] reports the relationship between diabetes mellitus and clear cell neoplasms; the deficiency of phosphorylase activity in patients with diabetes mellitus may be responsible for glycogen accumulation in the clear cell appearance of these neoplasms and the clear cell appearance may be a cutaneous marker of diabetes mellitus. Poroid hidradenoma is a kind of nodular hidradenoma. The present case is not clear cell hidradenoma, but should be differentiated based on eccrine characteristics. Our hypotheses are that poroid hidradenoma may arise in diabetes mellitus patients with sufficient phosphorylase activity, and it may show solid and cystic components without a clear cell appearance in this patient. Further study of more cases of poroid hidradenoma with diabetes mellitus is required, because the relations between poroid hidradenoma and diabetes mellitus are unclear.

## References

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