


Lesão Erosiva do Mamilo

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PALAVRAS-CHAVE – Adenoma; Mamilos/lesões; Neoplasias da Mama.

Dermatology Quiz

Erosive Lesion of the Nipple

KEY WORDS – Adenoma; Breast Neoplasms; Nipples/injuries.

CASE REPORT

A 43-year-old woman presented with a 1-year history of erythema with erosion and desquamation of her right nipple, associated with intermittent-painless serous discharge that did not respond either to topical mometasone furoate 0.1% and betamethasone valerate 0.1%. Physical examination revealed a crusted erosion of the right nipple (Fig. 1). The left breast and nipple were normal. There were no

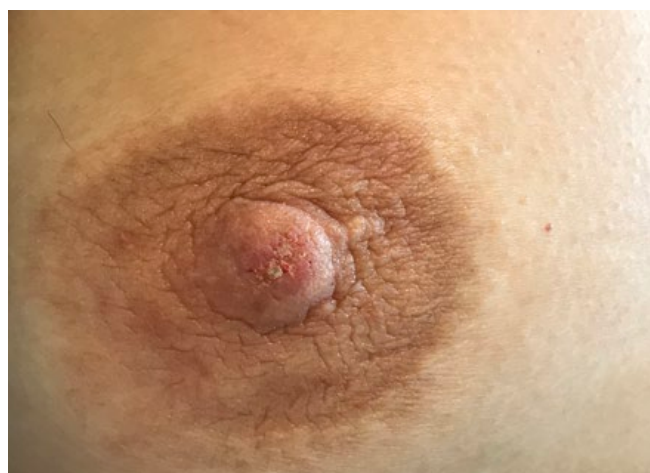


Figure 1 - Crusted erosion in the center of the right nipple.



Figure 2 - Dermoscopic examination with immersion gel showing a central erosion on the background of a light reddish homogenous area.

palpable breast masses or axillary nodes. Dermoscopic examination with immersion gel showed a central erosion on the background of a light reddish homogenous area (Fig. 2). A 5 mm punch biopsy revealed dermic involvement of proliferating glands, with myoepithelial cells and epithelial hyperplasia. No atypical cells were seen. Ultrasonography and mammography did not show masses or calcifications in either breast.

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Qual o Seu Diagnóstico?

WHAT IS YOUR DIAGNOSIS?

EROSIVE ADENOMATOSIS OF THE NIPPLE

Based on clinical, dermoscopic and histopathological findings, a diagnosis of erosive adenomatosis of the nipple (EAN) was made. After the excisional punch biopsy, the patient did not report recurrence of the symptoms and she maintains regular follow-up.

EAN is an uncommon benign tumour of the lactiferous nipple ducts, usually seen in middle-aged women, that can resemble benign conditions such as eczema or psoriasis.¹ It is important for clinicians to be aware of this diagnosis, since it can clinically mimic Paget's disease (PD) and can be histologically misinterpreted as a ductal carcinoma.² Dermoscopy of EAN has been poorly explored, but it can reveal linear or dotted cherry-red structures and polymorphous microvessels.³ Furthermore, the absence of shiny white streaks, black dots and blue-grey structures described in PD,⁴ supports the diagnosis of EAN, especially when combined with histological findings.

Most authors consider that limited local excision is the treatment of choice. As an alternative, cryosurgery stands as a tissue sparing option, particularly in childless female patients, considering the likelihood of breastfeeding.⁵ The prognosis of this entity is excellent and, if completely excised, there is almost no probability of recurrence.⁶

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