Revista da
ASSOCIAÇÃO MÉDICA BRASILEIRA
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Erythema and nipple retraction: a sign of concern

Eritema e retração do mamilo: um sinal de alerta

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A 74-year-old woman presented with a two-year history of pruritic erythematous plaque on the left nipple. The lesion was approximately 10 cm × 7 cm in size and the normal anatomy of the nipple was destroyed. There was no palpable mass or axillary lymphadenopathy. The patient had no previous history of breast cancer. A skin biopsy was performed, which confirmed Paget's disease (PD).

PD of the nipple is an uncommon disease accounting for approximately 1–3% of all cases of breast carcinoma.[1,2] This condition is a rare malignancy of the breast characterized by infiltration of the epidermis of the nipple with malignant cells known as "Paget cells". These cells are large, round or ovoid, with clear, abundant cytoplasm, and enlarged pleomorphic and hyperchromatic nucleus.[3] Studies report that the

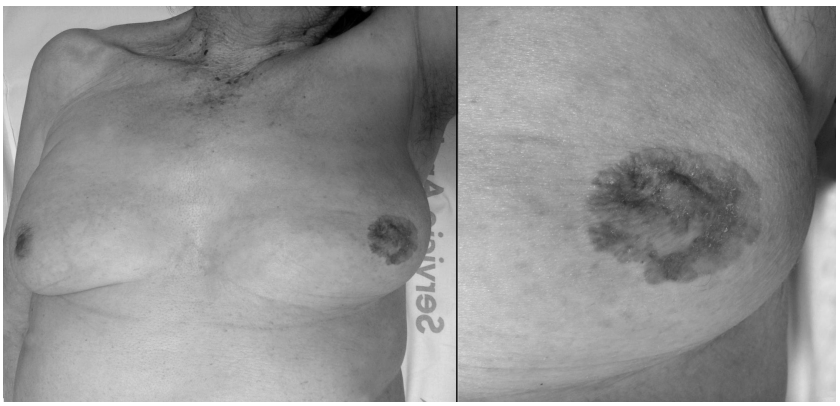

Fig. 1 – Patient presenting erythema and nipple retraction.

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http://dx.doi.org/10.1016/j.ramb.2013.04.002

association of this clinical sign with a concurrent malignancy is present in over 90% of patients.[1,4] The clinical features of PD are relatively characteristic, and the clinician should be aware of the chance of a concurrent malignancy. Both benign and malignant processes may produce visible changes in the nipple, including: eczema, psoriasis, allergic contact dermatitis, lichen simplex chronicus, and squamous cell carcinoma *in situ* (Bowen's disease) (Fig. 1).

In a patient with suspicion of PD, a full-thickness biopsy of the nipple and areola is important to establish a diagnosis. Additional evaluation with mammography should be performed to identify underlying malignancy in patients with PD.

The present patient underwent a mastectomy and invasive ductal carcinoma was diagnosed. Lung metastasis was found, and she died after six months of follow-up.

Conflicts of interest

The authors declare no conflicts of interest.

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