ABSTRACT BOOK ABSTRACTS



A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

DERMOSCOPY AND SKIN IMAGING

DERMOSCOPIC APPEARANCE OF A NON-MELANOCYTIC MELANOMA MIMICKER

J Perez-bernal⁽¹⁾ - Ca. Morales-cardona⁽¹⁾

Sanitas University Foundation (unisanitas), Hospital Universitario Centro Dermatologico Federico Lleras Acosta, Bogota, Colombia⁽¹⁾

Background: Pigmented Mammary Paget Disease (PMPD) is a rare subtype of Paget's breast disease. Postmenopausal women are more commonly affected and it is usually linked to either ductal carcinoma in situ or infiltrating ductal carcinoma. It is characterized by the presence of a hyperpigmented lesion on the nipple-areola complex, often accompanied by itching and nipple discharge. Dermoscopic findings are similar to those of melanocytic lesions, including melanoma.

Observation: A 33 year-old female presented with a 6 month history of a hyperpigmented spot on her left nipple associated with pruritus and pain. Her gynecologist ordered a breast ultrasound that showed no focal lesion and symptoms were misinterpreted as nipple eczema. Dermatological examination revealed a 12 x 10 mm dark brown-black plaque of irregular borders encompassing the entire nipple. No breast masses or axillary adenopathies were found. Dermoscopy showed an asymmetric melanocytic lesion of heterogeneous color with red, black, blue and white areas. The borders displayed a network of atypical pigment, radial projections, some punctuated vessels in a red-milk area, while the center featured blue white veil and white regression zones. Skin biopsy revealed an atypical epithelioid proliferation with pigmented pagetoid dissemination with an invasive component, as well as a ductal carcinoma in situ. Melanoma was ruled out by negative stains and based on both the clinical and histological features, a diagnosis of PMPD was made.

Key message: Due to the anatomical characteristics and natural pigmentation of the nippleareola complex, diagnosis of unilateral pigmented mammary lesions in this area is challenging. When PMPD is limited to the nipple, it differs from the classic description of an eczematous plaque that subsequently ulcerates. immunohistochemical staining should be performed since PMPD can mimic melanoma clinically, histologically and dermoscopically.





International League of Dermatological Societies Skin Health for the World

