SKIN CANCER (OTHER THAN MELANOMA)

# PIGMENTARY MAMMARY PAGET DISEASE: CLINICAL, DERMOSCOPICAL AND HISTOLOGICAL CHALLENGE

*Am D'erme [1] - R Iozzo [2] - F De Luca [3] - P Viacava [3] - S Pecenco [4] - E Cervadoro [5] - C Fidanzi [5] - G Bagnoni [1]*

*Unit Of Dermatology, Livorno Hospital, Livorno, Italy [1] - Unit Od Dermatology, Livorno Ospital, Livorno, Italy [2] - Unit Of Pathology, Livorno Hospital, Livorno, Italy [3] - Unit Od Dermatology, Livorno Hospital, Livorno, Italy [4] - Unit Of Dermatology, Livorno Hospital, Livorno, Italy [5]*

Mammary Paget Disease (MPD) is characterized as a erythematous, eczema-like chronic lesion at the nipple and the areola, and progressively involving a larger area. A very rare variant of MPD is the Pigmented Mammary Paget Disease (PMPD), first described by Culberson et al. in 1956, and a few cases have been described so far.

Case report: A 92 years old woman presented with asymptomatic pigmented lesion on her right nipple and on the areola. She had noticed this lesion 6 months before, and progressively extended. The entire surface of the nipple was involved, showing irregular-shaped black pigmentation. At dermoscopy, the lesion was characterized by irregular brown to black pigmentation at the nipple. At the areola several regression areas were present together with a pigmented irregular network and, at the border, pigmented structures radial strikes-like (figure 1b). The clinical and dermoscopical manifestation suggested diagnosis of melanoma. To confirm the hypothesis, a 4mm punch biopsy was carried out. The histology and immunohistochemistry allowed to performed the proper diagnosis of PMPD.

Discussion: The pigmented variant of MPD is a very rare and, there are no distinctive clinical and dermoscopical features from melanoma. Only immunohystochemistry can indicate and confirm the proper diagnosis, because Paget cells expresses cytokeratines markers, such as CK7, EMA (Epithelial Membrane Antigene), CEA and HER2, while neoplastic melanocytic cells expresses positivity to S-100 antibodies, HMB45 and MART-1 (MelanA). We want to report in this case the PMPD dermoscopical features, in particular the pigmented irregular network and the pigmented structures radial strikes-like at the areola - typical signs of melanoma- in order to underlie the difficolties in the diagnosis of PMPD by clinical examination and dermoscopy alone. The correct diagnosis may be accomplished by the application of correct histopathologic and immunostochemical criteria for each condition.