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Breast Imaging

Bilateral mammary Paget disease in a young adult female

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ABSTRACT

Mammary Paget disease is an uncommon malignancy of the breast that presents with ulceration or eczema of the nipple and is almost always associated with an underlying breast carcinoma. This disease is most commonly seen in the fifth and sixth decades of life and is almost always unilateral. The diagnosis of mammary Paget disease is generally based on clinical findings, confirmed by histopathologic examination. Mammographic and ultrasonographic findings may be nonspecific for malignancy, with 50% of cases showing negative findings. Magnetic resonance imaging can be used as a diagnostic tool to detect clinically occult cancer with nonspecific findings on mammogram and ultrasonogram. In this article, we are presenting a rare case of a young woman with biopsy-proven bilateral mammary Paget disease, for which bilateral modified radical mastectomy was done, followed by adjuvant chemotherapy and radiotherapy.

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Case report

Clinical history

A 27-year-old woman, P1 L1, married, was referred for ultrasound of both breasts to our department. The woman had a history of nonhealing nipple eczema for 1 year. On examination, nipple excoriation and blood-stained nipple discharge was present bilaterally (right > left) (Fig. 1A); a lump of size of 2 × 2 cm was palpable in the left breast, which was firm in

consistency. Bilateral axillae were free, and there were no palpable lymph nodes.

Radiological investigations

Ultrasound examination of both breasts was performed using a high-frequency linear transducer. An irregular, ill-defined hypoechoic lesion measuring approximately 2.0 × 1.1 cm was seen at the 3-o' clock position, circle 1, zones B and C of the left breast (Fig. 1); the lesion was categorized as Breast Imaging

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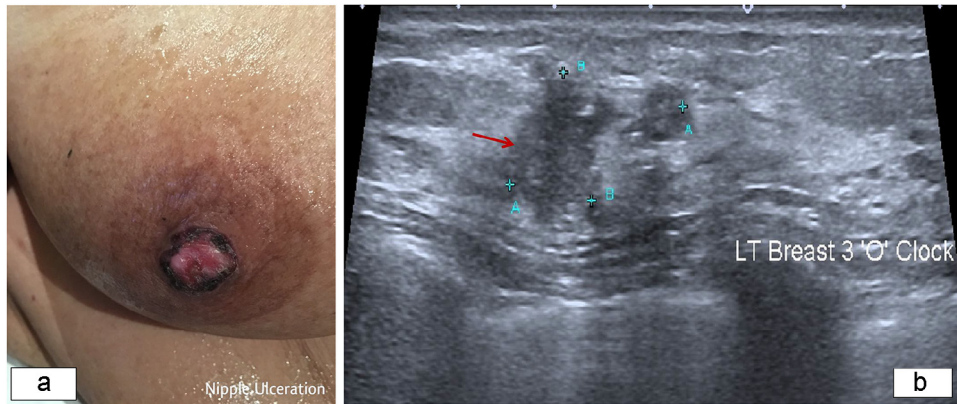


Fig. 1 – (A) Clinical image of the right breast showing nipple ulceration. (B) Ultrasound image showing an irregular, ill-defined hypoechoic lesion measuring approximately 2.0×1.1 cm at the 3-o' clock position, circle 1, zones B and C of the left breast (arrow).

Reporting and Data System (BIRADS) 4c, and ultrasound-guided (USG) Tru-cut biopsy was suggested.

No lesion was identified beneath the diseased superficial skin or elsewhere in the right breast. Excoriation was physically noted on and around the nipple-areolar complex.

There were few enlarged axillary lymph nodes with a nonuniformly thickened cortex measuring up to 4.7 mm involving the left axilla (Fig. 2A). The right axilla showed round lymph nodes with a lost fatty hilum (Fig. 2B and C). USG biopsy of the bilateral abnormal lymph nodes was advised.

The patient underwent dynamic contrast-enhanced magnetic resonance imaging (MRI) to evaluate the exact extent of the disease bilaterally. Dynamic contrast-enhanced MRI performed at 1.5 T showed focal skin thickening and homogenous

enhancement of the bilateral nipple-areolar complex on intravenous gadolinium administration (Fig. 3A). An irregular, noncircumscribed lesion approximately measuring 4.8×3.6 cm, appearing isointense on T1-weighted imaging and T2-weighted fat-saturated imaging, was seen in the upper outer quadrant in the posterior half of the left breast between the 2- and 3-o' clock positions. The lesion showed clumped non-mass-like enhancement on the administration of intravenous gadolinium (Fig. 3B). Linear nodular enhancement was also noted extending from the nipple up to the mass lesion in the left breast (Fig. 3C). Diffusion restriction was also noted in the region of the lesion. The left axilla showed few nonspecific lymph nodes.

Type 2 time-kinetic curves were noted in the lesion suggestive of indeterminate lesion.

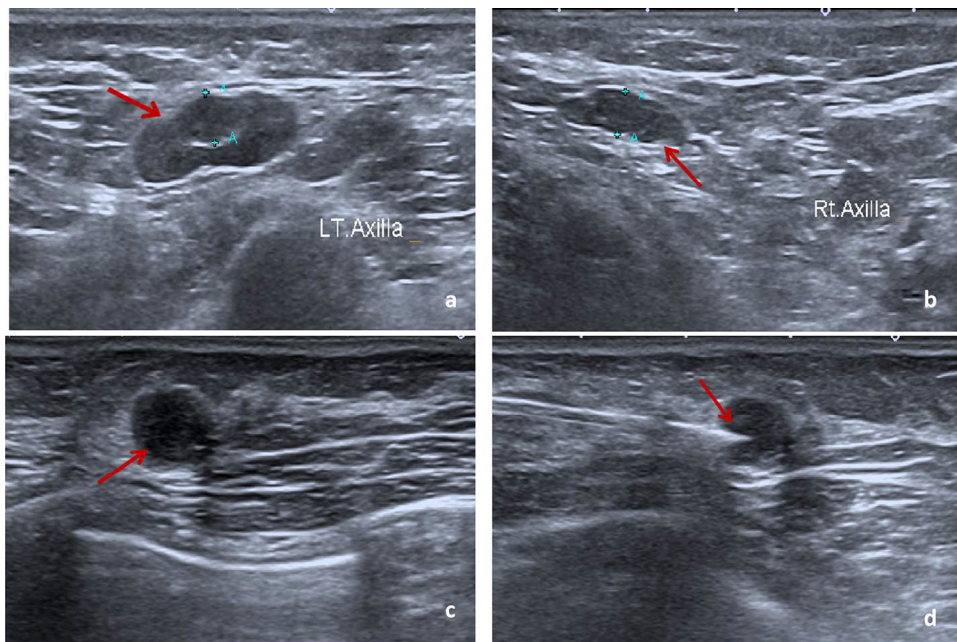


Fig. 2 – Ultrasound image showing enlarged axillary lymph nodes (arrow) with a nonuniformly thickened cortex involving the Lt axilla (A). Ultrasound image shows round lymph nodes (arrows) with a lost fatty hilum in the Rt axilla (B and C). Image shows ultrasound-guided biopsy of the round lymph node (arrow) in the Rt axilla (D). Lt, left; Rt, right.

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