

IMAGES IN CLINICAL MEDICINE

Paget's Disease of the Breast



A 70-YEAR-OLD WOMAN PRESENTED WITH AN ERYTHEMATOUS, SCALY plaque with a hyperpigmented border that had replaced the areola and completely effaced the nipple of the left breast. No breast mass or lymphadenopathy was detected. A skin biopsy demonstrated large round cells, with sizable nuclei and abundant, pale-staining cytoplasm, permeating singly and in groups throughout the epidermis (inset, arrow). Immunohistochemical staining identified carcinoembryonic antigen, confirming the diagnosis of Paget's disease. Mammography and ultrasonography demonstrated no underlying abnormality in the left breast. A needle-core biopsy of a hypoechoic, ill-defined nodule at the areolar margin of the right breast showed benign, nonproliferative fibrocystic changes without atypia. The patient declined further treatment and was lost to follow-up. Paget's disease is often associated with underlying in situ or invasive carcinoma of the breast. Careful physical examination for a palpable breast mass or lymphadenopathy is an essential part of the evaluation.

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