

To our knowledge, this is the first report of MSCD in a patient with CS—a relationship that deserves further study. Patients with CS commonly undergo bilateral pro-

phylactic mastectomies, and the latter specimens ought to be evaluated for MSCD. Conversely, PTEN mutations should also be evaluated in patients with MSCD.

A Painful Nipple: A Rare Presentation for an Infiltrating Lobular Carcinoma

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A 65-year-old woman presented with nipple pain of 18 months of progression. She was physically examined by her gynecologist in three different visits and was followed by mammography and ultrasound explorations, all resulting negative.

She decided to be examined by a dermatologist due to persistence right nipple pain. On physical examination, right nipple was discreet yellowish, infiltrated, and superficial palpation was overwhelming to the patient. There was no nipple discharge; no tumor was clearly palpable (Fig. 1). A new mammography and ultrasound was done, both reported as negative.

A high resolution dermatologic ultrasound (Tpm, 22 MHz) was performed in both nipples revealing an increase in tissue density on the right one. A doppler

ultrasound (9 MHz) was repeated, and showed an increase in size of the right nipple compared to the left one, with a pseudonodular and hypoechoic aspect, measuring 15.4 mm, with an increase in vascularization showing the nipple skin discretely thickened (Fig. 2).

A punch biopsy was performed. Histopathology showed that dermal stroma of the nipple was infiltrated by small uniform cells with atypical nuclei, inconspicuous nucleoli, and cells with a linear “classic” growth pattern (Fig. 3). The immunohistochemical profile was estrogen and progesterone receptor positive and c-erbB2 negative. The final histologic diagnosis was infiltrating lobular carcinoma. The MRI showed a large lymph node metastasis in the right axilla (Fig. 4). CT scan did not show metastatic

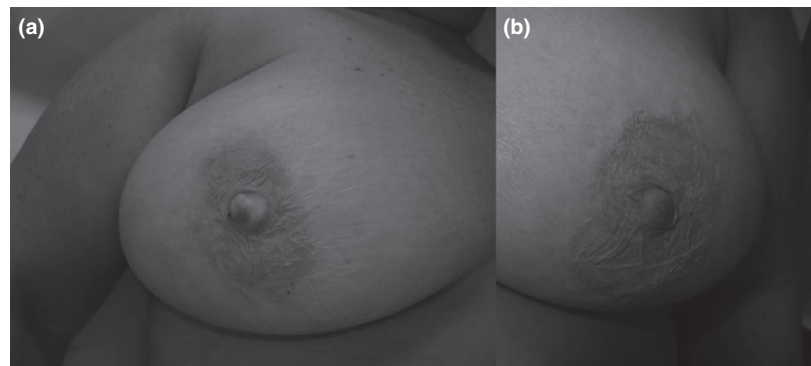


Figure 1. Comparative clinical features of both nipples. The right nipple (a) shows a yellowish tinge and looked infiltrate compare to the left nipple (b).

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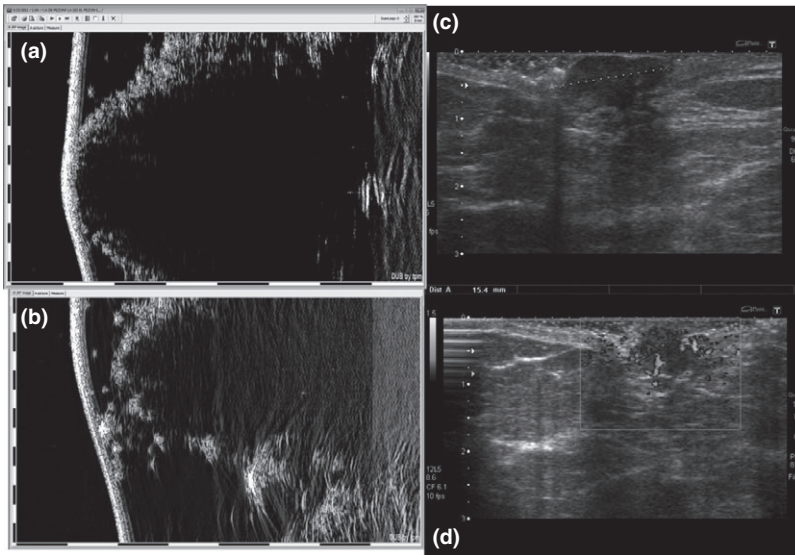


Figure 2. (a) High resolution dermatologic Ultrasound showing the right nipple compared to the left nipple (b). Ultrasound shows a hypoechoic area (c) and (d) Doppler shows increase in vascularization.

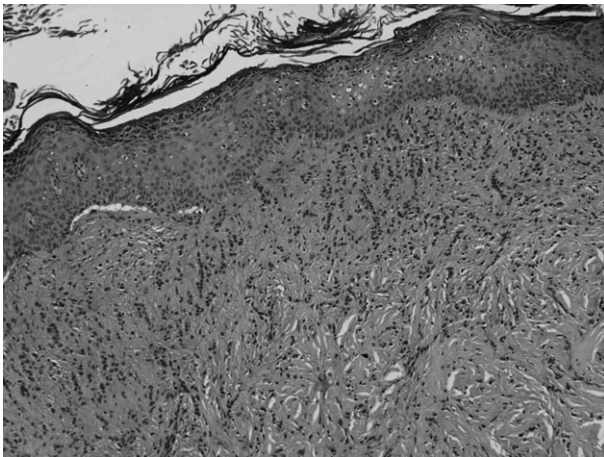


Figure 3. Photomicrograph show dermal stroma of the nipple infiltrated by small uniform cells with a linear "classic" growth pattern.

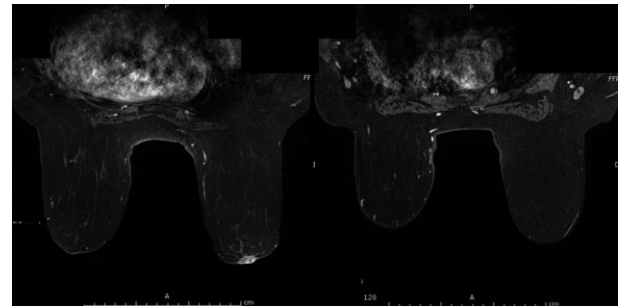


Figure 4. MRI shows the tumor localized at the right nipple and a second large metastases at the right axilla.

disease. A surgical excision revealed that the tumor was limited to the nipple. She was referred to the oncology service for treatment and follow-up.

Mammographic Appearance of Intra-Nipple Hyaluronic Acid Injection

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A 46 year old healthy female with a history of bilateral silicone breast implants had an abnormal screening mammogram in 2011, when she was 44. She had one prior screening mammogram in July of 2010 which was negative (Fig. 1a and b). In October of 2011, new bilateral retroareolar hyper-dense