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Case Report

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ECZEMA OF THE NIPPLE-AREOLAR REGION: A RARE DIAGNOSTIC THAT SHOULD NOT BE MISSED

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BACKGROUND

Nipple eczema is a dermatosis that exhibits many forms; including erythema or vesicles in the acute phase and scaling or lichen in the chronic phase.[1] Eczema of the nipple can represent a minor manifestation of general atopic dermatitis or literally develop as a single skin lesion with no associated features.[2] Here we report an exceptional case of nipple eczema in a young female that had remained undiagnosed for a prolonged period.

KEYWORDS: Eczema atopic dermatitis dermocorticoides.

CASE REPORT

A twenty four year old women with Medical history of a Hodgkin lymphoma presently in remission, she presented to the Dermatology department with a large and red plaque around the nipple area on the right breast The plaque was mildly pruritic with no discharge that has been evolving for more than three months with gradual onset. the lesion was infiltrated oval with irregular borders an overlying scaling and hyperkeratosis was noted. (figure1)

Palpation of the breast revealed no masses The left breast was normal. PET SCAN revealed a: nodule of the upper outer quadrant of the right breast measuring 06 mm, non-fixing Breast echo show a Benign-looking intramammary lymph node of the right breast.

Skin biopsy was performed and results showed a marked spongiosis. The diagnostic of eczema was given and the patient responded well to a course of dermocorticoides, with, no recidive.

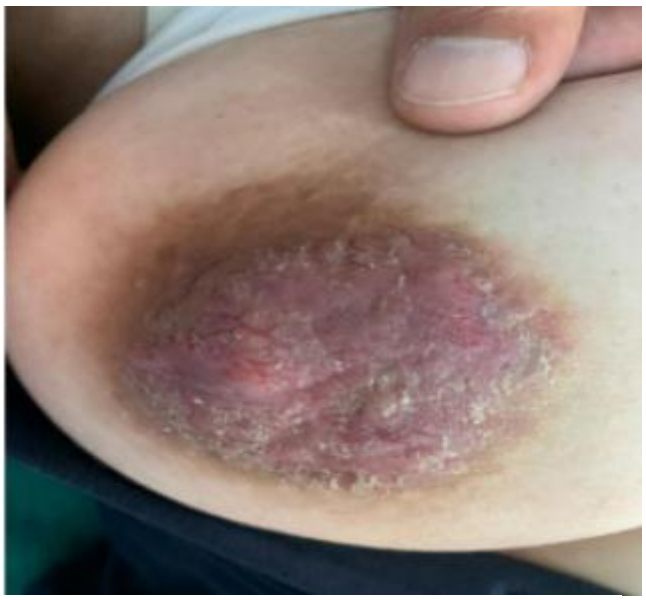

Figure 1: Nipple-areola plaque Dark red,Infiltrated Oval; Poorly limited and irregular contours;Squamo-keratotic surface;Erasing the nipple.

DISCUSSION

Eczema of the nipple-areolar region is especially related to atopy. Currently, it is known to predominate in adolescent girls.[3]

Contact eczema can occur when wearing a new bra or changing detergent.

In the majority of cases, At The acute stage, pruritis is the most bothering sign, the "itching threshold" may be

lowered by stress, heat or sweating and often predominate at night which may result in insomnia.the pathology is most often bilateral.

Then appears a red edematous plaques or small vesicles that may be grossly visible, without deformation of the nipple. Scale and crusting begin to appear in subacute stage and lichenification represent the later presentation.[3] The lesions are poorly delineated with contours crumbled and concern the aerolo-nipple plaque. They may extend to the surrounding skin. It is necessary to look for associated signs linked to the atopic terrain (rhinitis, asthma, conjunctivitis). The evolution is done through by pushes interspersed with remissions.

The clinical pattern often make it difficult to differentiate atopic dermatitis from other underlying causes that can happen also in the same location such as erosive adenomatosis, Paget disease, Bowen disease, melanoma or basocellular carcinoma.

Erosive adenomatosis has non-specific and polymorphic clinical expression. It s affects the nipple unilaterally. It usually comes in the form of an erythematous, erosive nipple plaque,or crusty, often eczematous in appearance. A serous or bloody discharge may be observed, often associated with a small fleshy nodule or lump palpable nipple.

Paget disease start with Pruritus, oozing, crusts,and Bloody discharge from the nipple that stains the bra. Then appeared Chronic erythematous plaquesMore or less infiltrated with Irregular contours but well limited,measuring 0.3 to 15 cm in diameter,Often unilateral +++, located on the nipple, then extend to the areola and then to the periphery. More rarely, they start on the areola. The surface can be erosive, weeping, sometimes scaly, even in case of scratching, covered with crusts. Sometimes even discreetly vegetative. At a more advanced stage appears ulceration, even destruction and retraction of the nipple.The onset at the nipple and the unilateral character are the two major elements of the clinical diagnosis of paget disease .

Also Malignant tumors can pose a problem of differential diagnosis,such us Pagetoid basal cell carcinoma,Bowen's disease,Melanoma.But it May be difficult to differentiate between them clinically and share with Paget disease the unilateral character and evolution chronic. They are mainly found in men due to the greater photoexposure of the chest. A skin biopsy will help make the diagnosis in eczema nipple, Dermoscopy is an attractive non invasive alternative for the diagnostic. Findings are non specific but may include yellow scales and comma like vessels in a patchy arrangement over a dull background.[4] The honeycomb pattern is regular but ca be focally blurred displaying multiple darks area filed with bright reflecting particles witch correspond to necrotic keratinocytes.[4]

Histologically, in papillary dermal edema, various degree of spongiosis with an underlying dermal lymphoid infiltrate is characteristic of all eczematous eruptions. Epidermal lymphocytes present either singly or in groups. But often spongiosis is out of proportion to the lymphoid aggregate. This is in contrast to mycosis fungoid which demonstrate minimal spongiosis surrounded by lymphocytes.[3]

Treatment relies primarily on dermocorticoides, moisturizing creams and most importantly, screening and identification of the causative antigens in order to establish an avoidance-learning program.

CONCLUSION

Nipple eczema should be evoked in the case of a pruritic skin lesionof the nipple despite the absence of other symptoms. histology, Dermoscopy along with a meticulous clinical examination can be helpful in eliminating other causes or eruptions. However, Good response under dermocorticoides and avoidance programs can confirm the diagnostic of nipple eczema.

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