

IMAGE IN DERMATOLOGY

[Translated article] Diagnosing Nipple Adenoma: The Utility of Dermoscopy



Adenoma del pezón: utilidad de la dermatoscopia en su diagnóstico

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Case presentation

A 60-year-old woman was referred to dermatology with a 2-month history lesion on her left nipple. Clinically, she presented with a well-demarcated 10 mm nodular tumor.

Dermoscopy revealed regular vascular structures in the upper area (black arrow) and a yellowish-orange cotton-like region in the lower area (red arrow), all against an erythematous-violaceous background (asterisk) (Fig. 1). Histology revealed a dermal tumor nodule with ductal struc-

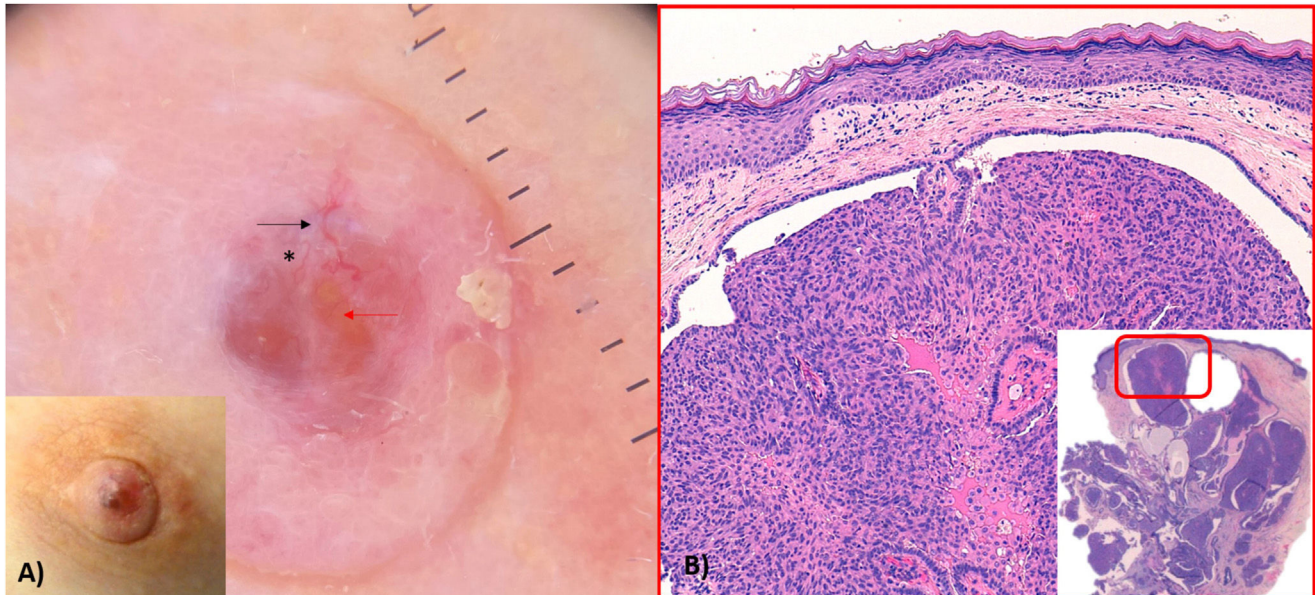


Figure 1

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tures over the superficial ducts of the nipple. With these characteristics, the diagnosis was nipple adenoma, a benign tumor originating from the lactiferous ducts. Recognizing this condition clinically helps in the differential diagnosis with malignant processes like Paget's disease (PD) or basal cell carcinoma (BCC), where dermoscopy serves as a diagnostic aid. Described dermoscopic features include red dots arranged linearly or semicircularly (corresponding to tubular structures), erythematous-violaceous areas underlying zones of epidermal erosion, regular and linear vascular

structures (reflecting tumor vascularization), and yellowish areas related to hyperkeratotic regions. PD is characterized by diffuse grayish-blue pigmentation and irregular polymorphic vessels. The vascular structures can be confused with BCC; however, BCC typically has a pearly appearance and is often accompanied by other signs absent in nipple adenoma. In conclusion, dermoscopy can aid in a more precise diagnosis, though histological confirmation is still necessary (Fig. 1).