

Dermoscopy of Pigmented Florid Papillomatosis of the Nipple: Unexpected Features and Blue Hue

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A 58-year-old woman presented with a rapidly enlarging, asymptomatic, depressed hyperchromic lesion of the nipple (Figure 1A). Medical history included a previous homolateral ductal carcinoma. Dermoscopy revealed a central bluish cherry-like structureless area at the base, surrounded by peripheral yellow/orange papillomatous projections displaying a brownish pseudonetwork. No specific vascular pattern was identified, but spotted and linear vessels (Figure 1B–C). The lesion was excised and histology revealed a papillomatous hyperplasia and pigmentation of the basal layer of the epidermis and immunohistochemistry positivity for SOX10/MART1.

A pigmented florid papillomatosis of the nipple (FPN) was diagnosed.

FNP (nipple adenoma) is a quite uncommon, likely under-recognized, benign neoplasm deriving from the lactiferous ducts of the nipple. FNP usually affects females in their 4th–5th decades of life, 5% of male patients, and very rarely adolescents/children [1,2]. Cases in axillary accessory breast tissue were reported. Symptoms include nipple discharge,

ulceration, and occasionally a palpable mass below the nipple. Differential diagnosis encompass Paget’s disease, cutaneous metastasis and neoplasms [3,4].

The diagnosis of lesions in the nipple/areola complex is challenging, as the area is considered “a special site” by dermoscopists. Dermoscopic FNP descriptions are scarce due to the rarity of the condition, with only three reported cases [1,2,5]. Whitish/yellowish hyperkeratotic scales, reddish-whitish background, pink-white clods, red structureless areas, nonspecific orange veil structures, and sparse dotted red vessels in linear, radial, or semicircular patterns have been described. None of the reported cases showed bluish/purplish structureless areas, nor brown pseudonetwork. Small blue-gray structures, light brown diffuse pigmentation, irregular black dots, and irregular linear vessels were proposed as dermoscopic clues in the differential diagnosis with mammary Paget’s disease. On the contrary, the predominance of red/white colors and regularity are suggestive of a benign neoplasm. Regular, small, linear cherry red structures characteristically have been associated with luminal opening

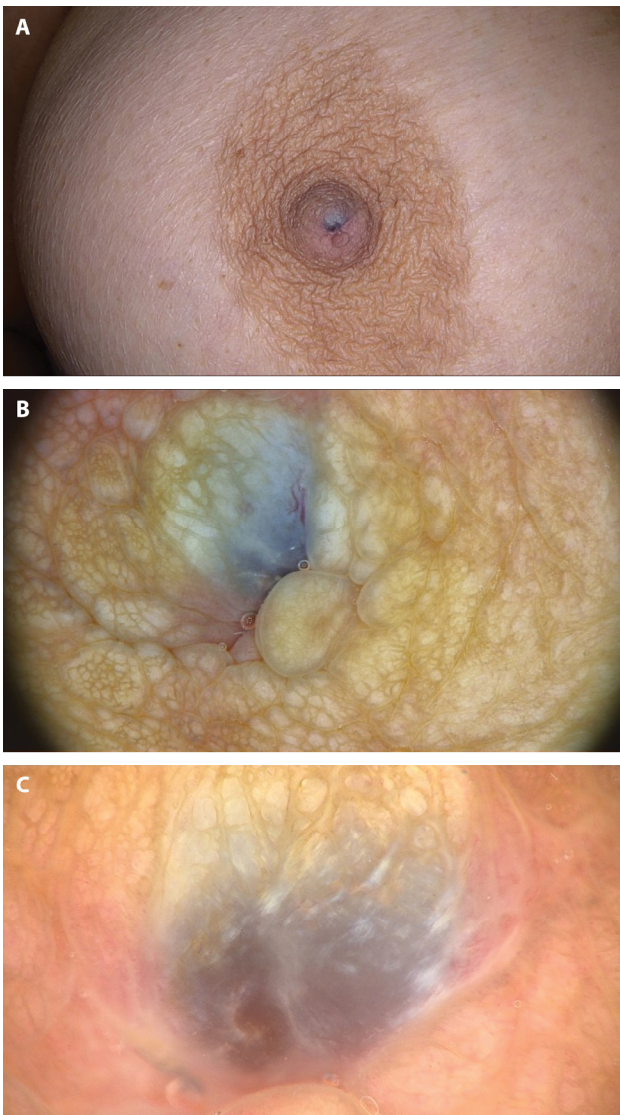


Figure 1. A) clinical presentation of pigmented florid papillomatosis of the nipple showing a bluish nodule with dermoscopic presentation (B,C).

at histology, while peripheral orange veil structures with the remaining epidermis. We believe that in the present FNM, the scarcity, and the basal localization of the red structures may be associated with the initial stage of FNM and bluish areas with the observed pigmentation of the basal layer due to friction.

Areola/nipple area is usually poorly evaluated during routine dermatological consultations, also due to the presence of bras and patients' psychological discomfort caused by exposing this body area. FNM should be considered among the differential diagnoses in those cases with enlarging nodules, and a pigmented variant can be detected as well.

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