

# Pigmented male breast carcinoma simulating basal cell carcinoma on dermoscopy

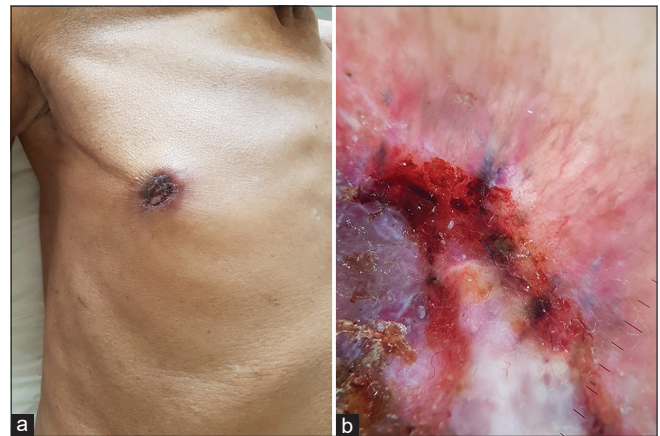
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Male breast cancer is a highly rare malignancy accounting for less than 1% of breast cancers and approx. 0.1% of cancer deaths in males. There is a paucity of data on its epidemiological, biological, and histopathological characteristics and its management [1]. It may clinically manifest itself with the appearance of a swelling, sometimes with discharge, ulceration, or retraction of the nipple. Positive diagnosis is based on histology and the classification systems are the same as in females [2]. Case reports have shown that it may also rarely manifest with pigmented lesions suggestive of pigmented Paget's disease or mimicking cutaneous neoplasms, such as melanoma or basal cell carcinoma, with similar dermoscopic findings [1]. It has been suggested that the proliferation of melanocytes might be stimulated by tumor cells located in close proximity to the epidermis and papillary dermis [2]. Breast cancer in males remains a rare and unrecognized entity with a poor prognosis that should always be considered first in pigmented lesions of the nipple, along with other differential diagnoses [3]. Herein, we report a case of male breast carcinoma clinically and dermoscopically simulating basal cell carcinoma.

A 78-year-old male patient presented to our dermatology department for a lesion on the right nipple evolving for two years and progressively increasing in size. A clinical examination revealed a pigmented, ulcerated plaque, 3 cm in diameter, on the right nipple, with an infiltrated base (Fig. 1a). Dermoscopy revealed blue ovoid nests, telangiectasias, arborizing vessels, white to yellowish areas without structures suggesting keratin and chrysalids (Fig 1b). An examination of the lymph nodes was normal. Clinical and dermoscopic evaluations



**Figure 1:** (a) Pigmented, ulcerated plaque of the right nipple. (b) Dermoscopy of the plaque showing blue ovoid nests, telangiectasias, arborizing vessels, white to yellowish areas without structures suggesting keratin and chrysalids.

were highly suggestive of a basal cell carcinoma. The patient underwent a biopsy, which was in favor of a grade II infiltrating carcinoma in a retroareolar location ulcerating to the epidermis, positive hormone receptors and a proliferation index of 40%. The patient was referred to the oncology and surgery department for further management.

## Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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