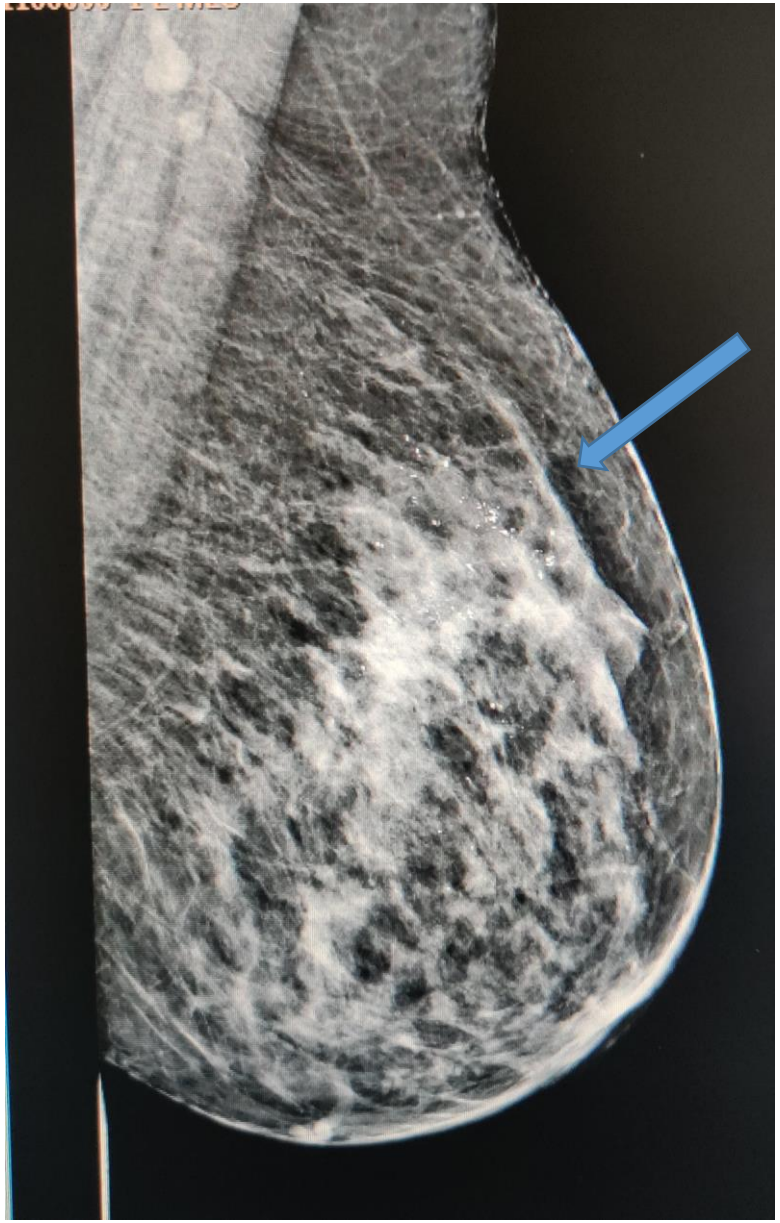
Apollo Hospitals, Bengaluru

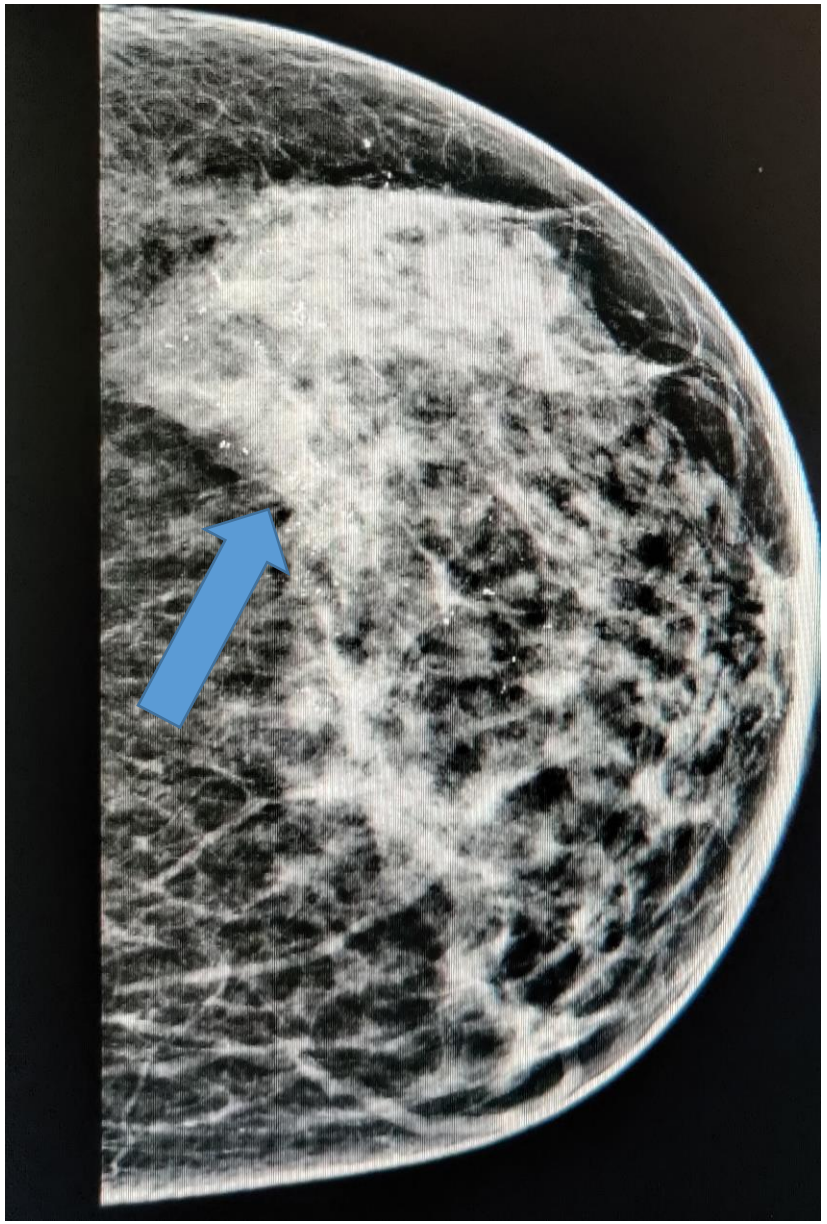
Contributor of the Series

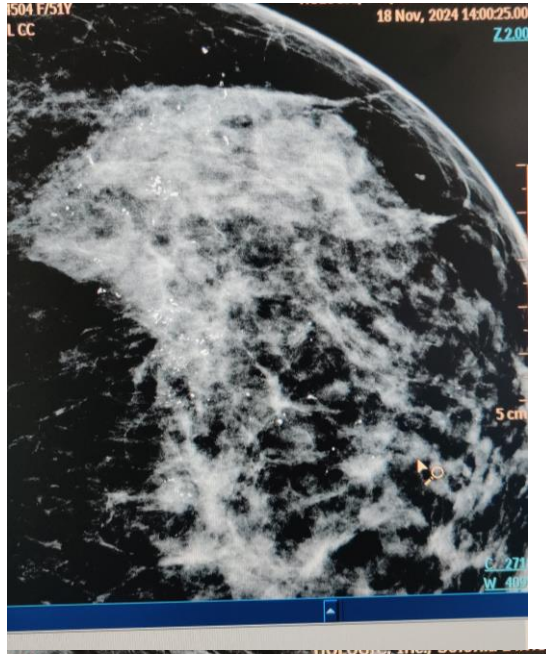
CASE 3.
45 yr old premenopausal female with history of eczema, itching and flakes in the left nipple areolar complex since 6 months, and not responding to routine treatments for eczema

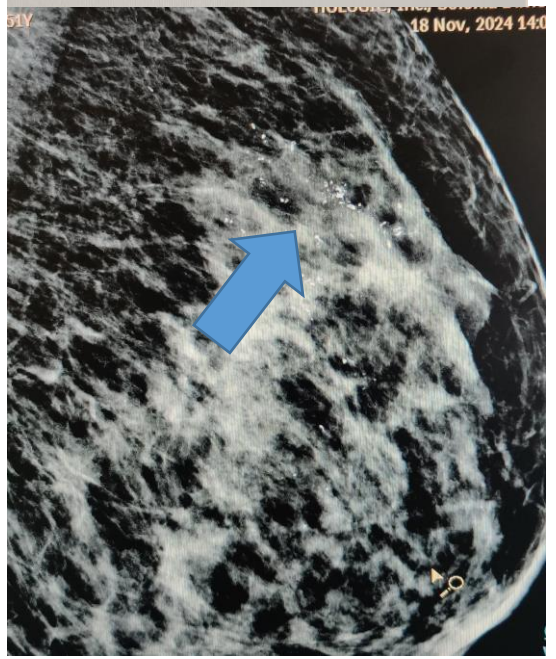
Presents to the surgeon.

Clinical examination –
history, look for skin changes, palpable breast lesions, axillary evaluation
punch biopsy from skin
advice on Imaging
Mammo, ultrasound, MRI

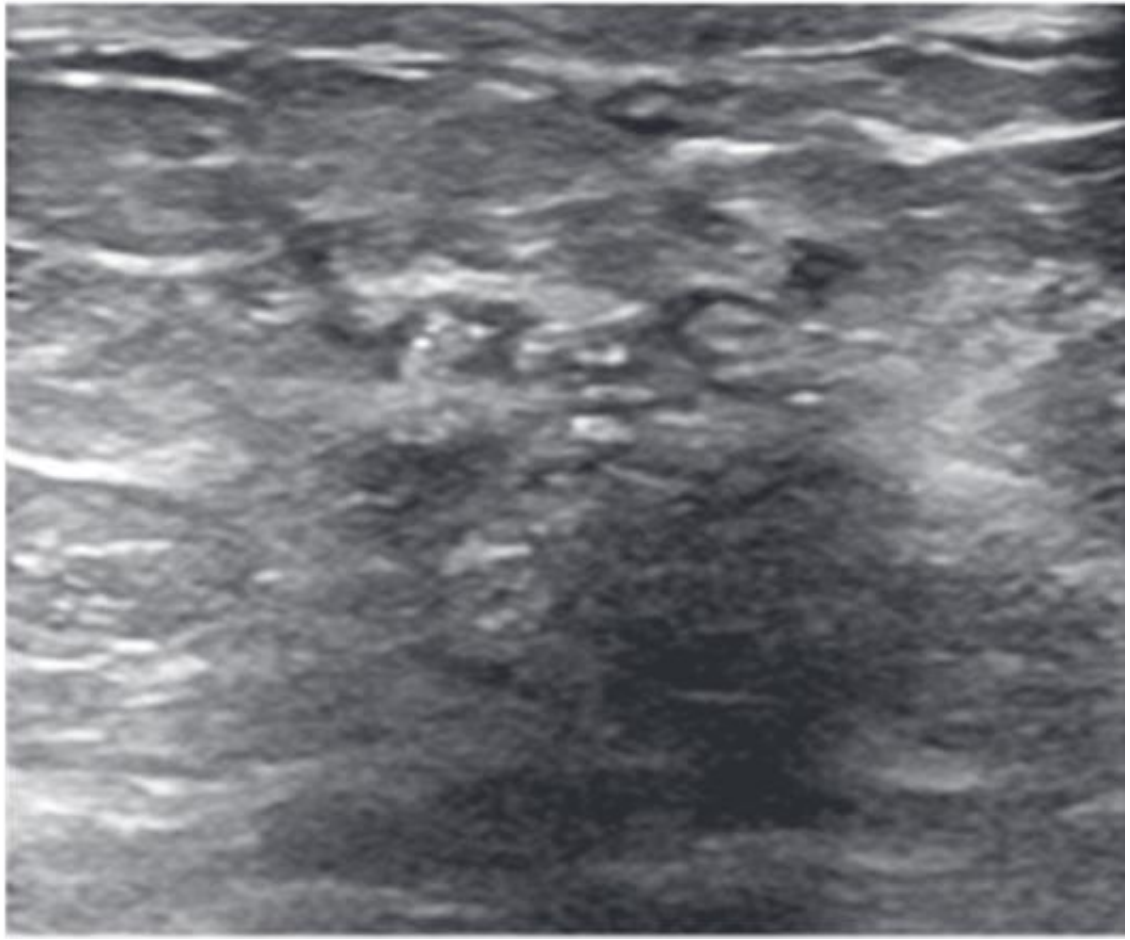


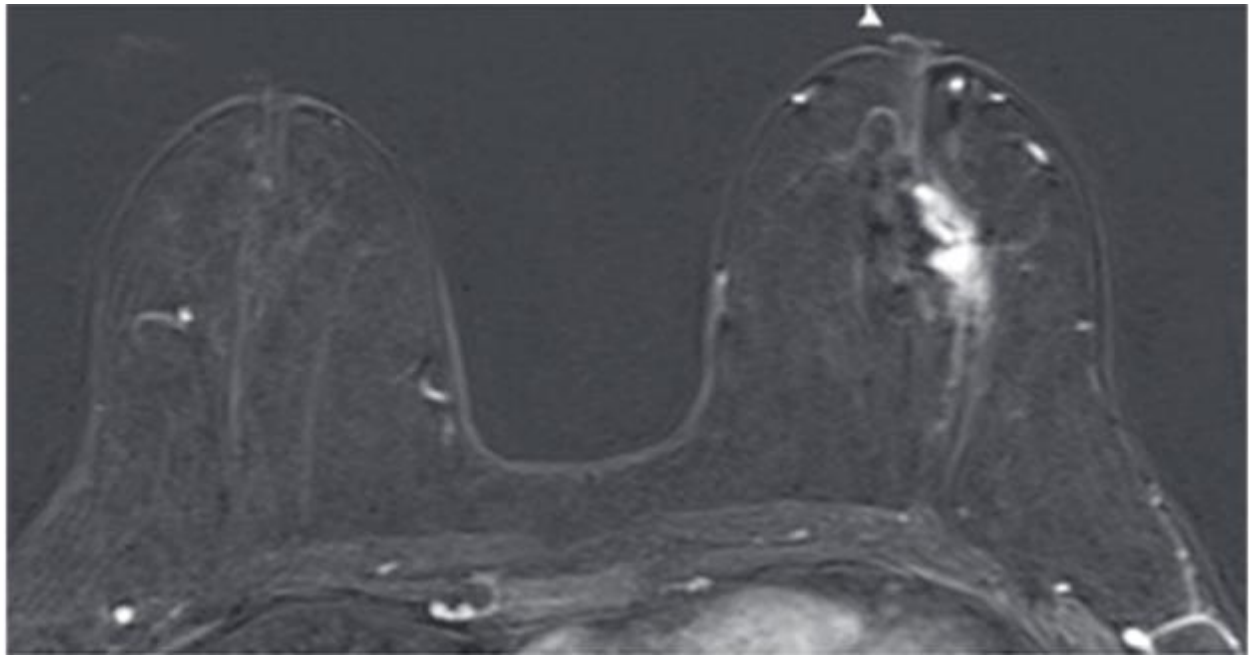






Microcalcifications – suspicious pattern (ductal, branching) in the breast parenchyma.

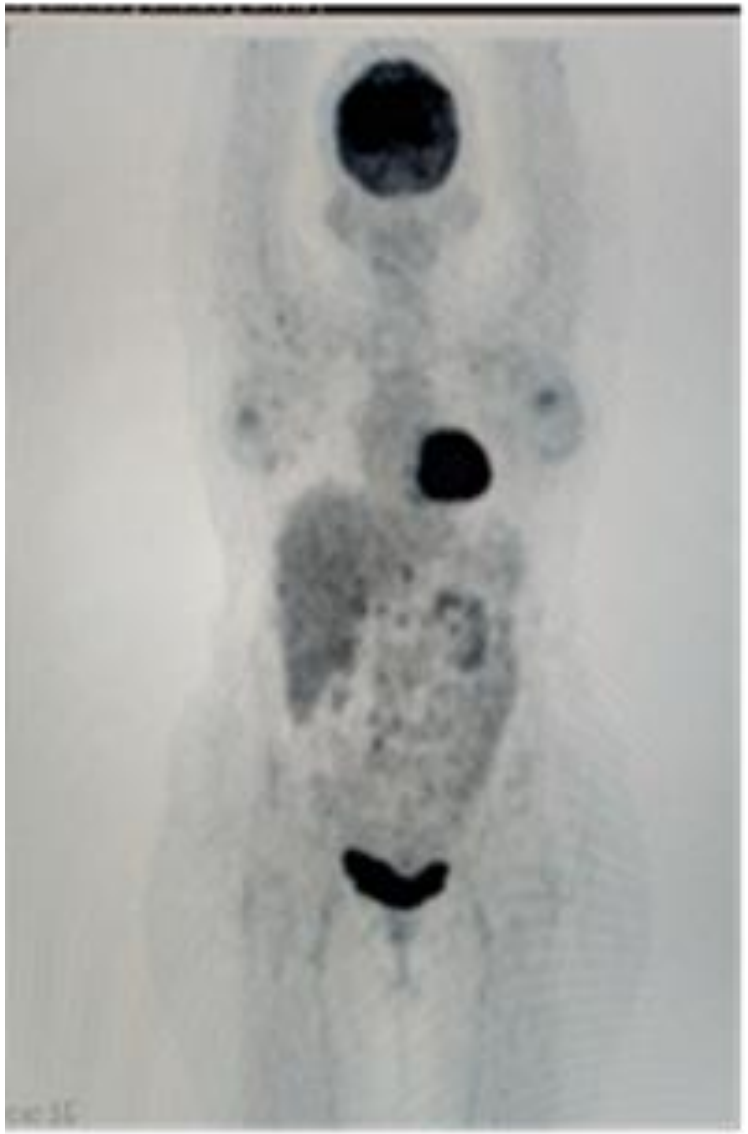


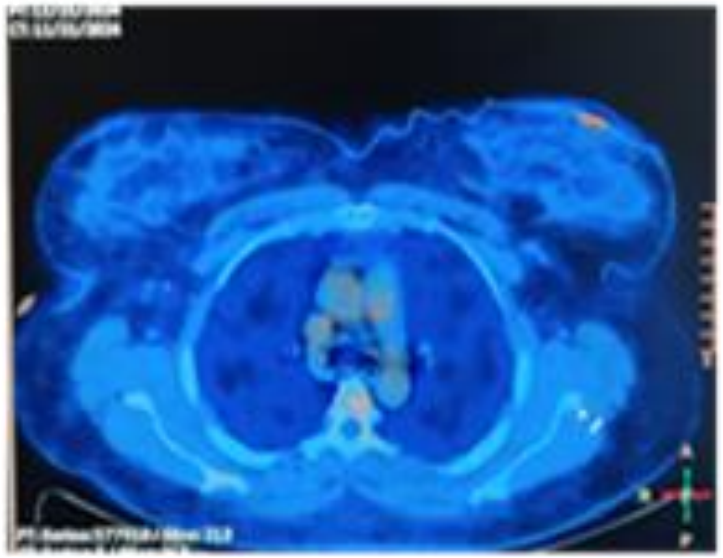


Faint hypoechoic lesion in central – upper outer quadrant on USG, positive axillary node. Non-mass like enhancement in MRI

BIOPSY

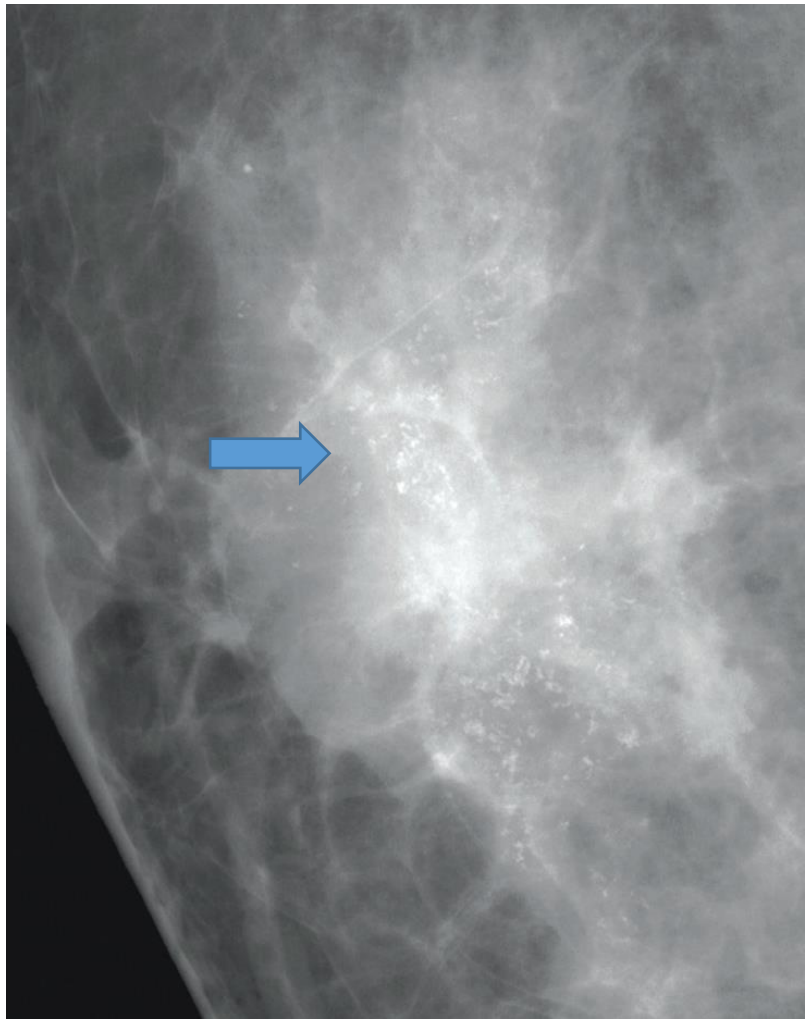
- FROM SKIN
- FROM MAMMOGRAPHIC CALCIFICATION / ULTRASOUND LESION
- AXILLARY NODE POSITIVE ON ULTRASOUND (1 NODE) - BIOPSIED
- PAGETS DISEASE; IDC GRADE 2; METASTATIC NODE
- ER, PR, Her2 Neu positive, Ki 67 - high

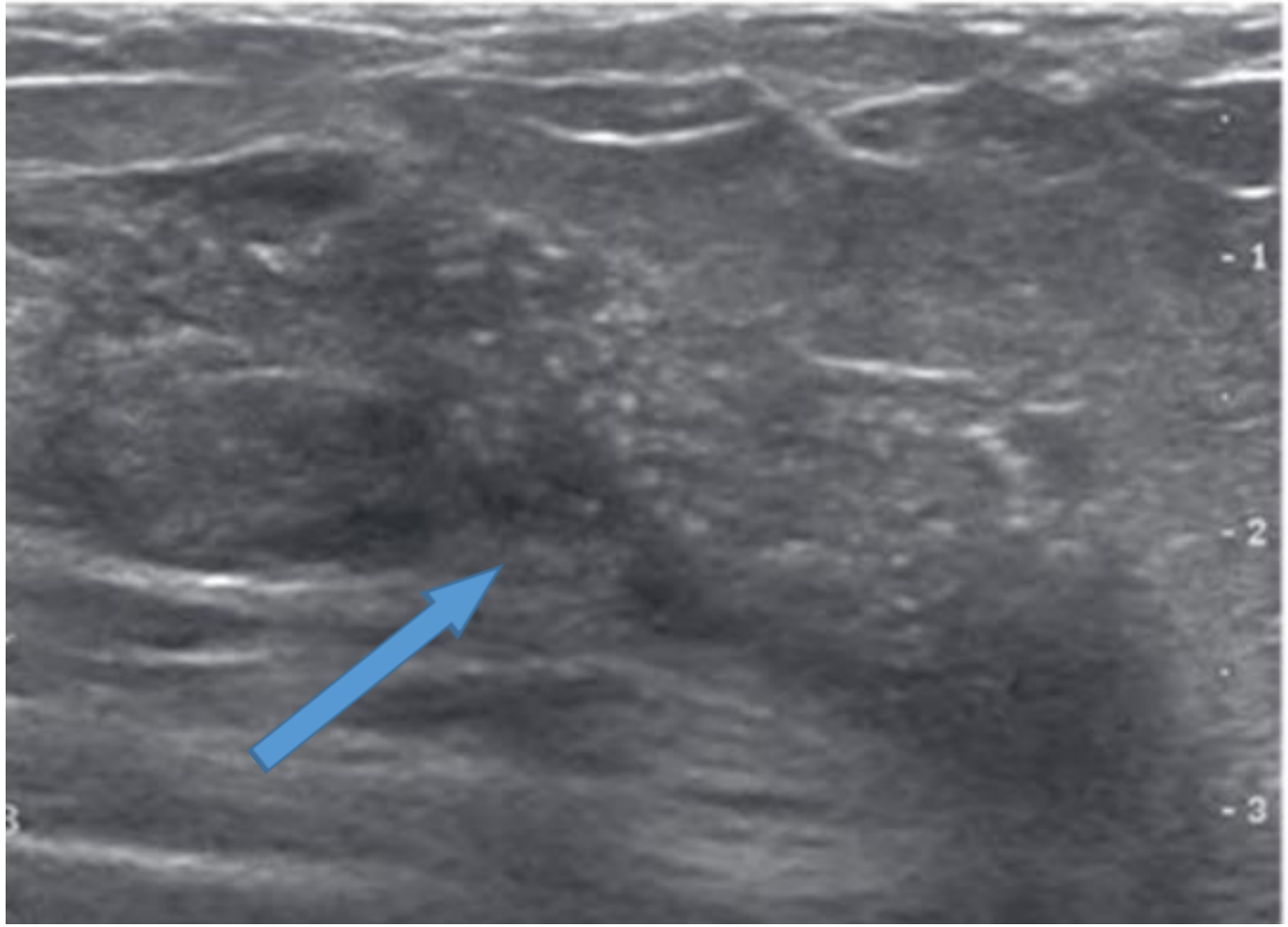




FDG PET CT-
Non metastatic
Local lesion -
only skin lesion
is tracer avid

BREAST IMAGING IN PAGETS DISEASE





Paget’s disease of the breast

- Intraepidermal spread of ductal carcinoma
- The clinical features of Paget disease are relatively characteristic
- Be aware of the approximately 90% chance of a concurrent breast malignancy.
- Mammography can depict changes in the nipple-areolar complex, a mass, or calcifications in the breast; mammographyin some patients are normal.
- MR imaging may have a role in preoperative evaluation of patients with Paget disease, especially when results of mammography or USG are negative.
- Surgery generally is considered standard of care; however, MR imaging can be useful for assessment of the nipple-areolar complex as well as the underlying breast malignancy and for selection of patients for breast conservation treatment