Journal of Clinical Case Reports

Sinha et al., J Clin Case Rep 2017, 7:9
DOI: 10.4172/2165-7920.10001025

ISSN: 2165-7920

Case Report | Open Access

Seborrheic Keratosis of Male Breast: A Case Report of Skin Problem Rare at Breast Clinic

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Abstract

Seborrheic keratosis is a benign skin disease occurring mostly over the sun exposed areas of the body. This dermatological problem is rare in the region of nipple areola complex. Most of the breast surgeons are unaware of this disease. The authors are describing a rare surgical encounter where a provisional diagnosis of breast polyp was made. He was further investigated to rule out any underlying breast malignancy. Finally, excision biopsy revealed the diagnosis. A prior suspicion of this disease could have avoided the need for all these complex investigations.

Keywords: Seborrheic keratosis; Benign breast lesions; Breast skin scars; Breast keloid

Introduction

Seborrheic Keratosis (SK) is a benign tumor of the skin. The lesion typically appears as superficial verrucous plaque with stuck on to the surface appearance. They are more common with advancing ages and are usually seen over sun exposed areas of the body [1]. Their occurrence over the covered areas is infrequent but reported. However, to the best of author's knowledge it is still not reported on nipple and areola complex of the male breast. The breast surgeons are practically unaware of this disease and therefore can prescribe expensive tests to rule out the malignancy.

We report this case as it is rare at this site. It will add to the pool of diseases occurring over the nipple and areola complex of the breast. An aware surgeon can avoid complex procedures to reach the diagnosis.

Case Report

A 47-year-old man came to the Surgery OPD with chief complaint of growth over the left Breast for 10 years. It was detected incidentally as a small lesion near the outer margin of the left nipple areola complex. It slowly but progressively enlarged to its present size of 3 cm × 3 cm (Figure 1). On examination it was a firm, non-tender, verrucous plaque, stuck to the skin surface through a narrow short pedicle. A provisional diagnosis of left breast polyp was made.

The ultrasound of the breast and mammography were advised to rule out any underlying breast malignancy. The reports came out to be normal. Finally, excision biopsy was performed (Figure 2) to reach the diagnosis.

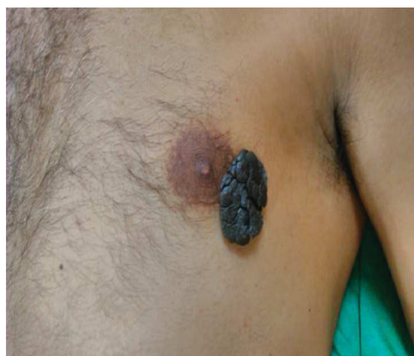

Figure 1: A small lesion near the outer margin of the left nipple areola complex.

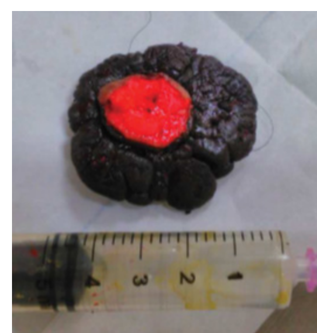

Figure 2: Excision biopsy.

The histopathology report came out to be seborrheic keratosis with no evidence of malignancy. The findings were based on the presence of hyperkeratosis, papillomatosis with basaloid proliferation and presence of pseudo-horn cysts on microscopic examination.

Following excision, the wound healed normally and the stitches were removed on 10th post-operative day. No recurrence was noticed till 3 months when he was lost to monthly follow up at surgery OPD.

Discussion

Seborrheic keratosis is seen most commonly over the sun exposed areas like head and neck region. It is less frequent over the sun protected areas of the body. The search of English language literature shows that the disease has not been reported on the nipple and areola complex of the male breast. However, the same has been reported in a female by Narsimha et al. in 2013 [2].

A rare condition called Leser-Trelat sign, a paraneoplastic syndrome, has been omitted from the discussion. It is associated with acute onset multiple Seborrheic Keratosis all over the body. It is not a chronic condition and therefore has been excluded.

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Received August 01, 2017; **Accepted** September 20, 2017; **Published** September 25, 2017

Citation: Sinha MK, Barman A, Sirka CS, Raghuwanshi B, Gupta SP (2017) Seborrheic Keratosis of Male Breast: A Case Report of Skin Problem Rare at Breast Clinic. J Clin Case Rep 7: 1025. doi: 10.4172/2165-7920.10001025

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We searched the literature for the studies aimed at exploring the spectrum of breast diseases. We failed to find the mention of this disease even in female patients. Notable among these is the work of Albasri who studied 603 biopsies of benign breast diseases [3]. The similar findings are also seen in the work of Raju et al. Their work included study of 1051 biopsies in West Indian population [4].

The studies aimed at the description of variety of benign lesions over the breast region were also searched. But again, we failed find the mention this disease. The work of Di Bonito et al. [5] who studied adenomas over the nipple, is one of them. They studied 13 cases reported over 10 year's duration at their hospital with none having seborrheic keratosis as diagnosis the same is again seen in the study by Reid-Nicholson et al [6] who described the cytomorphologic features of papillary lesions of the male breast in 11 cases [6].

The seborrheic keratosis needs to be differentiated from breast keloids which has a smooth surface and develops following trauma. The case report of Haresh Devalia et al. who described Keloids following breast reduction surgery demonstrate this well [7].

Pigmented mammary paget's disease (PMPD) presenting as hyper pigmented plaque over the breast may appear like seborrheic keratosis [8] But since the disease is aggressive, it has a short history.

Radiation port wart or verruca vulgaris as described by Genc et al. [9] may resemble closely to seborrheic keratosis. The lesions in the reported case appeared 6 months after the radiotherapy. They were multiple and were spread all along the irradiated skin surface [9]. This was different from our case where history of mastectomy and radiotherapy was not there and the lesion was single.

The rare diseases of the nipple namely 'polypoid clear cell Acanthoma' [10] and 'Fibroepithelial stromal polyp' [11] can be misdiagnosed for seborrheic keratosis. A meticulous clinical examination or rarely biopsy may be required to differentiate it from seborrheic keratosis.

Therefore, our case, a 47-year man, who presented with a 10-year-old skin lesion with verrucous surface and a stuck on the skin appearance doesn't have too many clinical differential diagnosis. It's rare at this site, but if a surgeon is careful it can be easily labelled as seborrheic keratosis.

Conclusion

No rare or common breast lesion can mimic seborrheic keratosis. This is probably the first report of the disease in areola region of the male breast. A surgeon should be aware of this to save his patients from the costlier and complex investigations.

References

1. Bandyopadhyay D, Saha A, Mishra V (2015) Giant perigenital seborrheic keratosis. Indian Dermatol Online J 6: 39-41.
2. Narasimha A, Kumar HM, Divyarani MN, Bhaskaran A (2013) A pigmented seborrheic keratosis (Melanoacanthoma) of Nipple: A case report with review of literature. J Clin Biomed Sci 3: 96-100.
3. Albasri AM (2014) Profile of benign breast diseases in western Saudi Arabia: An 8-year histopathological review of 603 cases. Saudi Med J 35: 1517-1520.
4. Raju GC, Jankey N, Naraynsingh V (1985) Breast disease in young West Indian women: An analysis of 1051 consecutive cases. Postgrad Med J 61: 721.
5. Di Bonito M, Cantile M, Collina F, D'Aiuto M, Liguori G, et al (2014) Adenoma of the nipple: A clinicopathological report of 13 cases. Oncol Lett 7: 1839-1842.
6. Reid-Nicholson, Tong G, Cangiarella JF, Moreira AL (2006) Cytomorphologic features of papillary lesions of the male breast. Cancer 108: 222-230.
7. Devalia H, Mansfield L, Minakaran N, Banerjee D (2008) A case of unilateral keloid after bilateral breast reduction. ISSO 5: 3.
8. Ying-Chi C, Chii-shuenn Y, Yi-Ju C, Jui-Lung S (2011) A hyperpigmented plaque on the right nipple: A quiz. Acta Derm Venereol 91: 607-610.
9. Genc M, Yavuz M, Cimsit G, Cobanoglu O, Yavuz A (2006) Radiation port wart: A distinct cutaneous lesion after radiotherapy. J Nat Medical Assoc 98: 1193-1196.
10. Park SY, Jung JY, Na JI, Byun HJ, Cho KH (2010) A case of polypoid clear cell acanthoma on the nipple. Ann Dermatol 22: 337-340.
11. Shaaban AM, Turton E, Merchant W (2013) An unusual case of a large fibroepithelial stromal polyp presenting as a nipple mass. BMC Res Notes 6: 345.