02/19/25 Morning Report with @CPSolvers

*"One life, so many dreams" **Case Presenter**: Rahul (@RahulPottabath1) **Case Discussants**: Sharmin (@Sharminzi), Maddy(@madellenaC)*

CC: Right breast pain

HPI: 55F post-menopausal p/w 2d breast pain. Initially itchy then progressed to pain that is burning in nature associated w/ clear discharge.

No trauma or breast-feeding.
Not relieved by using lotion.

ROS: unremarkable

PMH: HTN, T2DM (complicated by retinopathy and neuropathy), lichen sclerosis, GERD, Raynaud's and dry eye

Meds: lisinopril, esomeprazole, semaglutide, atorvastatin, cyclosporine eye drops, dapagliflozin, metformin and pioglitazone

Fam Hx: none

Soc Hx: lives alone. Works in restaurant.

Health-Related Behaviors: no smoking, alcohol or drug use.

Allergies: -

Vitals: T: afebrile **BP:** 111/66 **RR:** 18 **HR**: 50
Exam: Gen: AOx3 **BMI:** 27
Breast: no masses, no axillary LAD, Rt enlarged nipple, dried fine white scales, some discoloration and discharge. No warmth, erythema or tenderness.
CV: wnl
Pulm: wnl
Abd: wnl
Neuro: nl
MSK: no rashes

Notable Labs & Imaging:
Hematology: WBC: 7.9 w/ nl differential Hgb: 13.4 Plt: 318 MCV: 77

Chemistry
Na: 138 K: 4.2 Cr: 0.7 BUN: 7 Ca: 9.3 Glu: 315 Cl: 109 HCO3: 23
AST: 42 ALT: 63 ALP: 206 Bili: 0.2 albumin: 3.6
HbA1C 8.1 (down from 9.7 6m prior)

UA 3+ glucose otherwise unremarkable
ANA positive, SSA and SSB negative

Imaging: Last mammogram in 2023 BI-RADS 2 (benign)

Referred to dermatology. Started on topical steroids (hydrocortisone) w/o improvement.

Punch biopsy was performed: subacute spongiotic dermatitis w/ eosinophils. Negative PAS staining for fungal elements.

Dx Nipple dermatitis.
Started on triamcinolone 0.1% (more potent than hydrocortisone). Complete resolution of all symptoms.

Problem Representation: 55F post-menopausal w/ poorly controlled T2DM presenting with right breast pain associated with nipple enlargement and clear discharge not improving on topical steroids.

Teaching Points (Johann):
Approach to breast pain

- Breast pain → first r/o chest pain
- 4+2+2 (cardiac, pulmonary, others) + work up
- Anatomical approach: Skin → SCC,BCC, Melanoma; Ductal → Intraductal papilloma, paget; parenchyma → fat necrosis, abscess.
- Hx surgery, injection etc → soft tissue infection
- Post menopausal, postpartum → mastitis, ductal obstruction
- Age → Malignancy
- Burning pain → r/o other non breast related causes
- Discharge –> Is it bloody, purulent?
- Lichen Sclerosus Hx → might have extra vaginal involvement
- PE: check for inflammatory changes, compare to the other side
- Enlargement of the structure → point to a subacute process → US r/o abscess etc.

Final diagnosis

- Nipple Atopic Dermatitis

→ Manifestation: Pruritus, Erythema, crusting, lichenified skin. Treated with topical steroid, emollients.
→ DDx: paget disease of the breast, allergic contact dermatitis, psoriasis.