

Images in clinical medicine



Breast carcinoma: atypical presentation

 Rajiv Sonarkar, Sanchi Sonarkar

Corresponding author: Rajiv Sonarkar, Department of Surgery, Datta Meghe Medical College, Nagpur, Datta Meghe Institute of Higher Education and Research (Deemed University), Sawangi, Wardha, India. rsonarkar14@gmail.com

Received: 29 Dec 2024 - **Accepted:** 25 Oct 2025 - **Published:** 08 Dec 2025

Keywords: Breast carcinoma, wart, cutaneous melanoma

Funding: This work received no specific grant from any funding agency in the public, commercial, or non-profit sectors.

Copyright: Rajiv Sonarkar et al. Pan African Medical Journal (ISSN: 1937-8688). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article: Rajiv Sonarkar et al. Breast carcinoma: atypical presentation. Pan African Medical Journal. 2025;52(148). 10.11604/pamj.2025.52.148.46386

Available online at: <https://www.panafrican-med-journal.com//content/article/52/148/full>

Breast carcinoma: atypical presentation

Rajiv Sonarkar^{1,&}, Sanchi Sonarkar¹

¹Department of Surgery, Datta Meghe Medical College, Nagpur, Datta Meghe Institute of Higher Education and Research (Deemed University), Sawangi, Wardha, India

[&]Corresponding author

Rajiv Sonarkar, Department of Surgery, Datta Meghe Medical College, Nagpur, Datta Meghe Institute of Higher Education and Research (Deemed University), Sawangi, Wardha, India

Image in medicine

A 60-year-old lady presented with a solitary wart-like lesion on the left breast, with no associated pain, erythema, or discharge, initially suggesting a benign dermatological condition. Breast carcinoma with cutaneous involvement occurs in 20-30% of advanced cases, and infiltrating ductal carcinoma is the most common subtype (80-85%). However, wart-like cutaneous manifestations are exceedingly rare. Clinical examination of the lesion was firm, irregular, and palpation of the breast revealed an underlying, indistinct firmness, and imaging (mammography, ultrasound) was inconclusive, so a biopsy was done for confirmation. Histopathology showed tumour cells

infiltrating the dermis with keratinisation or verrucous overgrowth, establishing ductal carcinoma of the breast with an atypical cutaneous presentation. Such lesions, rarely reported in the literature, may result from tumour spread via lymphatics or dermal invasion and often mimic benign conditions such as papilloma, dermatofibroma, or infections, leading to delayed

diagnosis. Therapeutic intervention included surgery (modified radical mastectomy) with further management planned based on receptor status and standard oncologic protocols. Short-term recovery was uneventful. Medium-term management and prognosis are being guided by the final tumour stage and receptor profile, with plans for regular follow-up.



Figure 1: breast cancer: atypical presentation