

Short Communication

Nipple dermatitis – not all what it ‘seams’

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We report 3 patients with large asymmetrical breasts who had unilateral nipple dermatitis. In each, the dermatitis occurred on the larger breast, involving only part of the nipple and the adjacent lateral skin.

Case Reports

Case no. 1

A 33-year-old atopic woman (brassiere size 36 D) presented with a 1-year history of a patch of eczema on the left breast. Her general practitioner had prescribed hydrocortisone ointment but the patch had not resolved. Close examination revealed a patch of dermatitis adjacent to and involving the areola in a horizontal plane. The patch corresponded exactly to the seam of the patient's brassiere and therefore an irritant contact dermatitis was diagnosed. Patch tests to the European standard series were negative, except for a positive reaction to nickel. Her nickel sensitivity was not thought to be relevant.

Case no. 2

A 30-year-old non-atopic woman (brassiere size 38 DD) presented with an itchy scaly eruption on her right breast which had been present for 3 years. There had been limited improvement with mild topical corticosteroids and the left breast had never been affected. A skin biopsy was performed to rule out Paget's disease and it showed features of eczema with spongiosis and acanthosis. The patch of dermatitis was on the outer quadrant of the right breast and matched the site of the inner seam of the brassiere against her skin. Patch tests were performed to the European standard series and they were all negative.

Case no. 3

A 26-year-old atopic Asian woman (brassiere size 38 D) presented with a 2-year history of nipple dermatitis responsive to topical corticosteroids. On examination, she had a linear hyperpigmented patch of eczema below the areola on the right breast only, which corresponded

to the inner seam of her brassiere (Fig. 1). Patch tests to the European standard series were negative.

In all 3 cases, the eczema resolved when they bought cotton brassieres without seams across the cup.

Discussion

Nipple dermatitis is usually bilateral and intermittent. It generally has an indefinite margin and may affect the

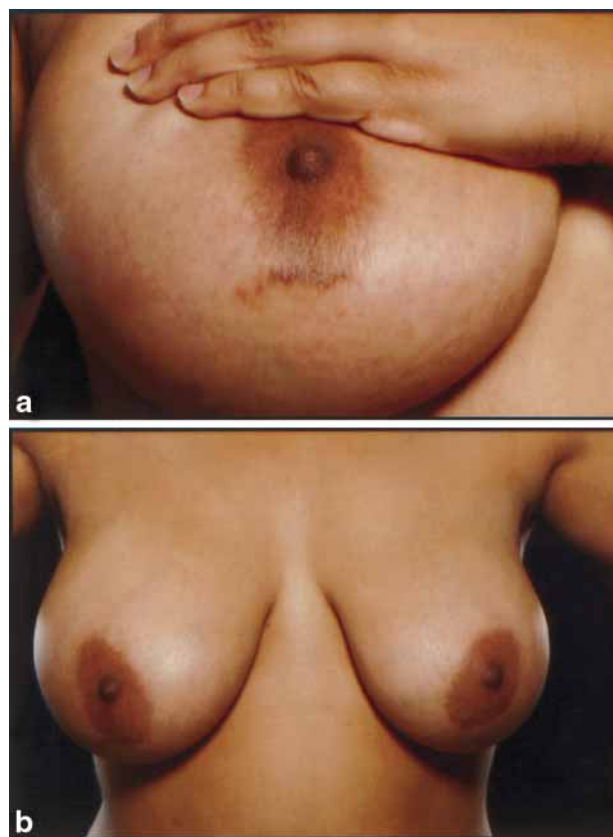


Fig. 1. (a) Linear hyperpigmented patch of eczema below the areola. (b) Asymmetrical breasts.

nipple, areola and the rest of the breast. Bilateral eczema of the nipple is not uncommon and may be seen as part of atopic eczema or contact dermatitis from clothing. In fact, some authors have included it in the minor diagnostic features of atopic dermatitis (1). Unilateral nipple dermatitis, however, is less common, and pre-malignant and malignant conditions must be ruled out, such as Paget's disease of the breast (2), Bowen's disease and superficial basal cell carcinoma. Other well-known sources of unilateral disease are contact allergy to topical medications and nail varnish.

We believe that our patients' dermatitis was unilateral due to the fact that they all had an observable difference in size between their breasts and that they all wore ill-fitted brassieres with seams, the brassieres being bought to fit the smaller of the 2 breasts. The nipple of the larger breast rubbed against the seam of the cup. The friction was greater in these women because of their large bust size. Irritation due to friction has previously been re-

ported, but as bilateral disease in a jogger (3). Our observation of unilateral nipple dermatitis in women with large asymmetrical breasts has not previously been documented, though Graham (4) described 2 young non-atopic women with identical dermatitis, in whom all patch tests had been negative; unfortunately, he did not comment on its relationship to their underwear, just that they responded to crude coal tar topically.

References

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