

excision of the primary tumor while axillary clearance is not routinely indicated and the role of adjuvant procedures, whether chemotherapy or radiotherapy, remains unclear because of limited data.

CONFLICT OF INTEREST STATEMENT

All authors deny any conflict of interest.

Breast Sporotrichosis

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A non immunosuppressed 73-year-old woman presented a painful ulcer, of 45 days of evolution, measuring approximately 10 × 8 cm, accompanied by partial destruction of the nipple and discharge of sero-sanguineous-purulent secretion in the left breast, simulating malignancy, surrounded by small satellite

ulcers, with no lymphangitis or regional lymphadenomegaly (Fig. 1). Two mammographies were normal. She related local scratch by a cat with sporotrichosis and lived in the metropolitan region of Rio de Janeiro City, Brazil, where an epidemic of sporotrichosis transmitted by domestic cats is occurring. So, instead of performing a biopsy of the lesion at first, we seeded superficial exudate of the lesion in Sabouraud culture media. *Sporothrix schenckii* was isolated and treatment was started with 100 mg itraconazole per day per os. As a good immediate therapeutic response was achieved, investigation was interrupted, without the



Figure 1. Ulcer, at the left breast, before treatment with itraconazole.

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Figure 2. Ulcer's scar, at the left breast, after treatment with itraconazole.

necessity of an anatomopathologic examination. A reduction in the diameter of the ulcer was observed after 1 month. After 7 months, the lesion was healed and presented mild erythema and desquamation, with some fibrous trabeculae in its center (Fig. 2). Itraconazole was discontinued. In the present case, the clinical and epidemiological correlation led to the correct diagnosis, confirmed by demonstration of the etiological agent.

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