A 44 yr old male, presented to the department of Dermatology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, in January 2012 with a large 25x15cm nodulo-ulcerative growth over the right chest wall destroying the nipple-areolar complex. The lesion showed central puckering with infiltrative margins, was hard in consistency, and fixed on the chest wall (Fig. 1). Contrast enhanced computed tomography showed small shadows in bilateral lung parenchyma, suggestive of lung metastasis (Fig 2a and b). Skin punch biopsy showed clusters of tumour cells infiltrating dermis with desmoplasia and
lymphovascular emboli (Fig. 3a). These cells were positive for oestrogen and progesterone receptors (Fig. 3 b, c). A diagnosis of stage IV adenocarcinoma breast with cutaneous metastasis was made and palliative radiotherapy was administered. The patient died due to disease progression after four months.

Male breast cancer is uncommon and direct extension into skin and surrounding structure can occur early but extensive and distant skin metastasis is rare. Increased awareness of cutaneous metastasis is necessary for early diagnosis and treatment.

Acknowledgment

The authors acknowledge the contribution of Dr Uma Nahar Saikia, Professor, Department of Histopathology, PGIMER in histopathological diagnosis of the patient.

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