



breast MRI is not performed routinely; it significantly improves the low sensitivity of the torque / clinical mammography in research associated carcinoma in Paget disease of the breast. The goal of MRI is twofold, it enables a study from the areola mammelaonnaire on the other hand to search for associated abnormalities of the breast. QBSFODIZNB \*O .3\* UIF QMBUF DBO CF as there may be morphological abnormalities associated or not with an enhancement-type mass enhancement curves type III (washout) or type I (progressive) [1]. The study of abnormal mammary parenchyma may show a pathological enhancement.

The interventional imaging can help in the diagnosis. The stereotactic biopsy allows the removal of microcalcifications without translation ultrasound. Ultrasound-guided biopsy allows the removal of sonographically detectable lesions. Biopsy under MRI allows the removal of lesions not visible on ultrasound. Point of view Histologically, Paget's disease leads to colonization of the skin of the nipple by Paget cells, large cell cytoplasm and nucleolus hyperchromatic clear. These anomalies are associated with a common way ductal carcinoma in situ or invasive ductal carcinoma with underlying layer below the epidermal cells found in 70-100% of cases and sitting near or remote BS Ĩ P M P N B N F M P O O B J S F Q M B U F F B T T P D J in situ or invasive is less frequent [5].

### Conclusion

Paget's disease of the breast is a rare form of presentation of breast cancer. The preoperative evaluation is based primarily on mammography coupled with breast ultrasound. The latter study also lymph nodes. Imagery can also help in guiding percutaneous biopsies (biopsies under ultrasound or MRI) or stereotactic biopsy sampling of microcalcifications in translation without ultrasound. MRI may also establish a positive diagnosis in case of injury or subclinical not detected by torque-mammography breast ultrasound.

### References

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of a lesion, most often unilateral nipple. Early stage of this lesion is red and shiny and becomes rough and scaly at the intermediate stage. It evolves by following late-stage form of erosion, oozing ulceration and crust indurated very limited. The evolution of these lesions is centrifugal and exceeds the nipple. Patients may complain of pruritus, burn, hypersensitivity, pain, runny mamelonniare. Palpable breast mass intra may be associated with abnormalities of the nipple-areola complex. Imaging is contributive to the diagnosis, mammography combined with breast ultrasound examination is performed by first intention.

Mammography may be normal in 50% of cases [6] as it won. eKTJ F/Lang (u8vr:a 77 3Eie )-[04DC 41nor7s7.tWC 41nor7 0 7(e 4la ftf 7