World Journal of Advanced Research and Reviews
eISSN: 2581-9615 CODEN (USA): WJARAI
Cross Ref DOI: 10.30574/wjarr
Journal homepage: https://wjarr.com/

(CASE REPORT)

Uncommon Presentation of a Pseudo-Mamma on the Forearm

Salma Kozmane [1,*], Meryem Soughi [1], Oumaima Bourraqadi [1], Hasnae Ismaili [2], Layla Tahiri El Ousrouti [2] and Fatimazahra Mernissi [1]

[1] *Department of Dermatology of Hassan II University Hospital, Fez, Morocco.*
[2] *Department of Pathological Anatomy and Cytology, Hassan II University Hospital, Fez, Morocco.*

World Journal of Advanced Research and Reviews, 2026, 30(01), 2319-2322

Publication history: Received on 17 February 2026; revised on 26 March 2026; accepted on 28 March 2026

Article DOI: https://doi.org/10.30574/wjarr.2026.30.1.0731

Abstract

A 53-year-old woman with no relevant medical history was evaluated for a right forearm lesion that had remained asymptomatic for four years. Examination identified a firm, brown 6-mm nodule situated on top of a poorly demarcated, 2-cm brownish plaque with a mammillated surface. Dermoscopy displayed a central white cobblestone-like area bordered by a brown reticular network, findings that suggested either an adnexal tumor or a compound nevus. Ultrasound showed diffuse thickening of the soft tissues limited to the subcutaneous fat. Histologic analysis demonstrated basal hyperpigmentation and pilosebaceous units resembling Montgomery tubercles, without glandular components. Immunohistochemical staining (mammaglobin, GATA, CK7) confirmed eccrine differentiation. Altogether, these features supported the diagnosis of a pseudo-mamma.

Supernumerary nipples are relatively frequent but usually occur along the embryonic milk line. Ectopic locations represent about 5% of cases and may appear on unusual sites such as the back, limbs, face, or shoulders. A pseudo-mamma arising on the forearm, as observed here, is exceptionally uncommon. Dermoscopy can assist in distinguishing these lesions from other benign or malignant skin conditions, while histopathology remains crucial for a definitive diagnosis. This case expands the small number of published reports describing pseudo-mamma outside the milk line and highlights the importance of correlating clinical, dermoscopic, and histologic findings in atypical presentations.

Keywords: Dermatology; Pseudo-Mamma; Supernumerary Nipples; Dermoscopy

1. Introduction

Supernumerary nipples, also known as pseudomamma, are a rare condition that is generally asymptomatic but may become more noticeable during hormonal changes such as adolescence, menstruation, or pregnancy. They most commonly arise along the embryonic milk line, although ectopic occurrences outside this line have also been reported[1]. Although dermoscopy of pseudomamma is rarely discussed in the literature, it played a crucial role in this case by helping to exclude two major differential diagnoses, namely nevus and melanoma. This case underscores the importance of correlating clinical, dermoscopic, and histological findings to establish a prompt and accurate diagnosis.

2. Observation

We report a case of 53-year-old woman with no particular medical history who had an asymptomatic lesion on her forearm for four years during perimenopause. There were no similar cases in the family. Clinical examination revealed a brown nodule with well-defined edges measuring 6 mm, with firm consistency and a sessile base, resting on a poorly defined brownish plaque measuring 2 cm with a mammillated surface on the right forearm (Figure 1).

* Corresponding author: Salma Kozmane

Figure 1 Brownish nodule measuring 6mm with well-defined edges, resting on a poorly defined brownish plaque measuring 2 cm with a mammillated surface on the right forearm

Figure 2 Dermoscopy showed a central yellow-white cobblestone pattern (red arrow) surrounded by a dark brown peripheral reticular network (black arrow)

Clinical appearance raised suspicion for an adnexal tumor or a compound nevus. Dermoscopy showed a central yellow-withe cobblestone pattern surrounded by a dark brown peripheral reticular network (Figure 2). An ultrasound of the soft tissues revealed a diffuse tissue thickening measuring 19 × 50 mm, adherent to the nodule and cutaneous tissue, and limited to the subcutaneous fat. A histological study revealed a basal hyperpigmentation with Montgomery-like pilosebaceous structures and no visible glandular tissue. The immunohistochemical study showed the presence of eccrine glands through staining with mammaglobin, GATA, and CK7. Based on the architectural pattern and absence of glandular elements or malignancy, a diagnosis of pseudo-mamma was made (Figure 3).

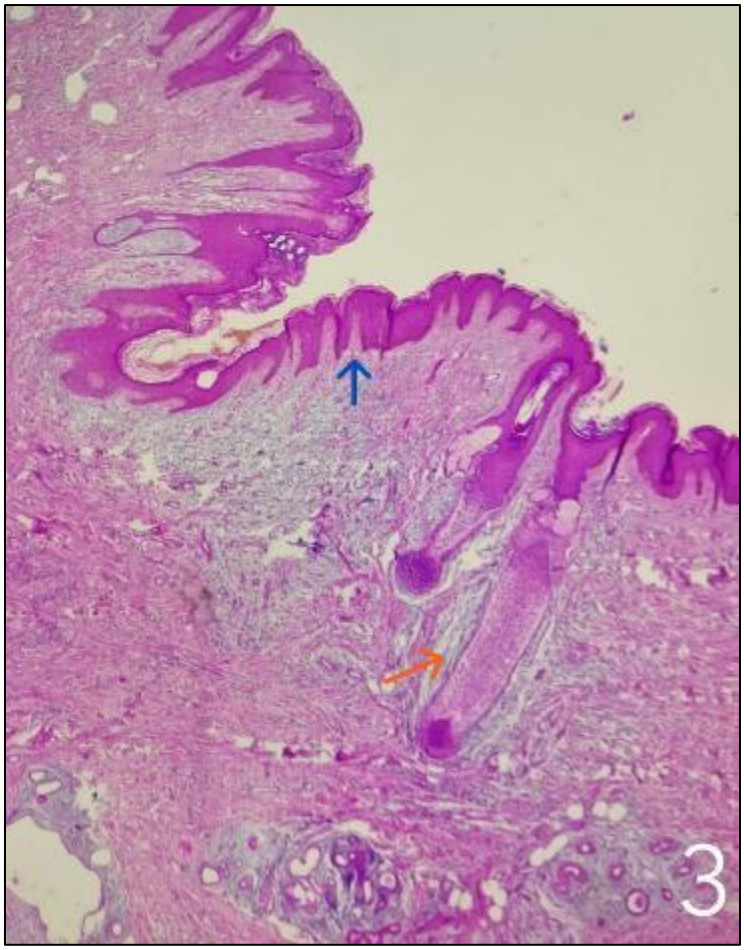

Figure 3 Histological image (H&E stain, ×100) showing basal hyperpigmentation (blue arrow) with Montgomery-like pilosebaceous structures and no visible glandular tissue (orange arrow)

3. Discussion

Supernumerary nipples are relatively common in the general population, with a reported prevalence ranging from 0.2% to 5%, occurring predominantly but not exclusively in females [2]. The first medical report of supernumerary nipples dates back to 1978 by Liechtenstein [1].

The classification of supernumerary nipples proposed by Kajava in 1915 remains the most widely used system for categorizing these anomalies based on the presence or absence of glandular tissue, areola, and nipple. It distinguishes eight types, ranging from a fully developed breast to a simple pigmented macule, as follows: Type I: Complete breast (glandular tissue, nipple, and areola), type II: Glandular tissue and nipple, without areola, type III: Glandular tissue and areola, without nipple, type IV: Glandular tissue only, type V: Nipple and areola, without glandular tissue, type VI: Nipple only, type VII: Areola only and type VIII: Pigmented macule without nipple, areola, or glandular tissue [3].

Supernumerary nipples are typically found along the milk line, which extends from the axillary fold to the inner thigh, with the chest and upper abdomen being the most common sites [2]. However, an estimated 5% of supernumerary nipples are ectopically located, appearing outside the embryonic milk line in atypical areas such as the back, limbs, face, or shoulders [1]. In our case, the patient presented with a supernumerary nipple on the forearm, a highly unusual location. Clinically, these lesions present as small, protruding papules, brownish or pinkish in color, sometimes with central umbilication and often surrounded by a faint pigmented areola. In some cases, especially in the absence of an areola or central depression[2].

Dermoscopy is a non-invasive diagnostic tool that can significantly aid in the identification of pseudo-mamma–like lesions. Several characteristic dermoscopic features have been described, including: Peripheral network, central network-like structures, central white scar-like area, cleft-like appearance, white cobblestone-like structures, central

round dimpling with a keratinous plug and fisheye-like structures resembling comedo-like openings[4]. These features, when present in combination, can help differentiate pseudo-mamma structures from other benign or malignant cutaneous lesions like dermal naevus, dermatofibroma and melanoma. In fact, the absence of homogeneous blue pigmentation within the lesion, asymmetrical pigmentation patterns, black dots and globules, irregular blotches, blue-white veil, milky-red and pink areas, and pseudolagoons features typically associated with nodular melanoma as well as the lack of comma-like vessels, hair, wobble sign, and brown dots and globules usually observed in dermal nevi, supported the diagnosis of pseudomamma [5-6].

These lesions can be excised for cosmetic or diagnostic reasons. Histological examination confirms the diagnosis by revealing a supernumerary nipple closely resemble those of a normal nipple. They typically exhibit hyperpigmentation of the basement membrane, mild hyperkeratosis with epidermal thickening, presence of pilosebaceous units resembling Montgomery's areolar tubercles, bundles of smooth muscle fibers characteristic of the areolar region, and occasionally mammary gland tissue and straight intradermal ducts[1]. Although the histological features may be subtle or incomplete in some cases.

4. Conclusion

In summary, we report the case of a 53-year-old woman presenting with the characteristic clinical and histopathological features of pseudomamma. This case emphasizes the importance of considering the diagnosis even in ectopic locations outside the milk line, with confirmation achieved through histopathological examination. Dermoscopy, as demonstrated here, may serve as a useful adjunct to exclude differential diagnoses such as melanoma and dermal nevus, thereby reinforcing the diagnosis of pseudomamma.

To our knowledge, dermoscopic features of pseudomamma have been only rarely described in the literature, highlighting the need for further studies to better characterize their specific patterns.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

[1] Goyal T, Bakshi S, Varshney A. Seven nipples in a male: world's second case report. Indian J Hum Genet. 2012;18(3):373. [PMID: 23259069]

[2] Schmidt H. Supernumerary nipples: prevalence, size, sex and side predilection – a prospective clinical study. Eur J Pediatr. 1998; 157:821-823. [PMID: 9829797]

[3] Kajava Y. The proportion of supernumerary nipples in the Finnish population. Duodecim. 1915; 31:143–51.

[4] Kamińska-Winciorek G, Szymszal J, Silny W. Dermoscopy of accessory nipples in authors' own study. Postepy Dermatol Alergol. 2014 Jun;31(3):127–33. [PMID: 25097482].

[5] Menzies SW, Moloney FJ, Byth K, et al. Dermoscopic evaluation of nodular melanoma. JAMA Dermatol. 2013;149(6):699-709. doi:10.1001/jamadermatol.2013.2466

[6] Marghoob AA, Malvehy J, Braun RP, editors. Atlas of dermoscopy. 2nd ed. London: CRC Press; 2012.