

Alopecia Neoplastica from Breast Carcinoma: When Hair Loss Hides Something Else

Alopecia Neoplásica por Carcinoma da Mama: Quando a Alopecia Esconde Algo Mais

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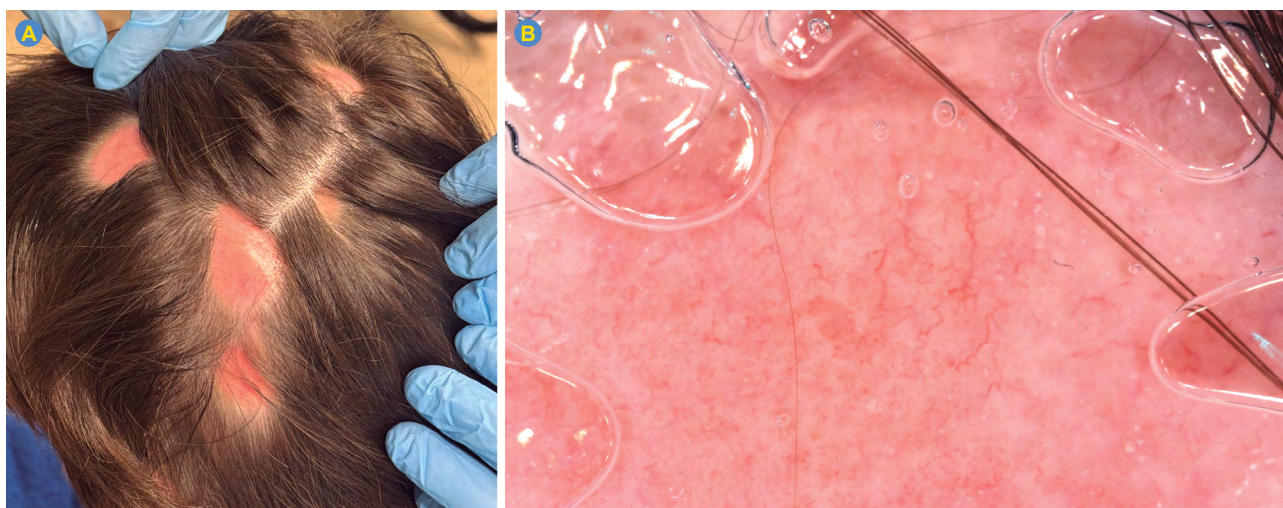


Figure 1 – Firm erythematous alopecic plaques on the scalp (A). Dermoscopy (10x) showing milky-red areas and polymorphous vessels (linear-irregular, arborising and dotted) (B).

A 63-year-old woman presented with an eight-month history of multiple round alopecic plaques in the parieto-occipital region, associated with erythema and firm induration (Fig. 1A), previously treated with topical clobetasol, without improvement. She had a history of hormone receptor-positive breast carcinoma treated in 2006 and in 2013 for a local recurrence, having been in remission since then. The dermoscopy showed milky-red areas and polymorphous vessels (Fig. 1B) and the biopsy demonstrated dermal infiltration by an epithelial carcinoma with glandular and trabecular architecture. The immunohistochemistry confirmed the diagnosis of a cutaneous metastasis from breast carcinoma (ER/PR 100% positive, CK7+, CK20-, HER2-), and staging positron emission tomography/computed tomography revealed multiple concomitant blastic bone metastases. She was referred to Oncology and started therapy with letrozole and ribociclib, with improvement of the erythema and in-

duration of the lesions. Alopecia neoplastica is uncommon but should be considered when indurated alopecic plaques arise in patients with a history of malignancy, particularly breast carcinoma.^{1,2}

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The authors declare that no AI tools were used during the preparation of this work.

AUTHOR CONTRIBUTIONS

AMS: Collection of clinical data, manuscript preparation.

JN: Manuscript review.

ÂR: Photographic documentation. Manuscript review.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical

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Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

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PATIENT CONSENT

Obtained.

CONFLICTS OF INTEREST

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