

Letters to the Editor

Case Report: Multiple Supernumerary Nipples in a Young Woman

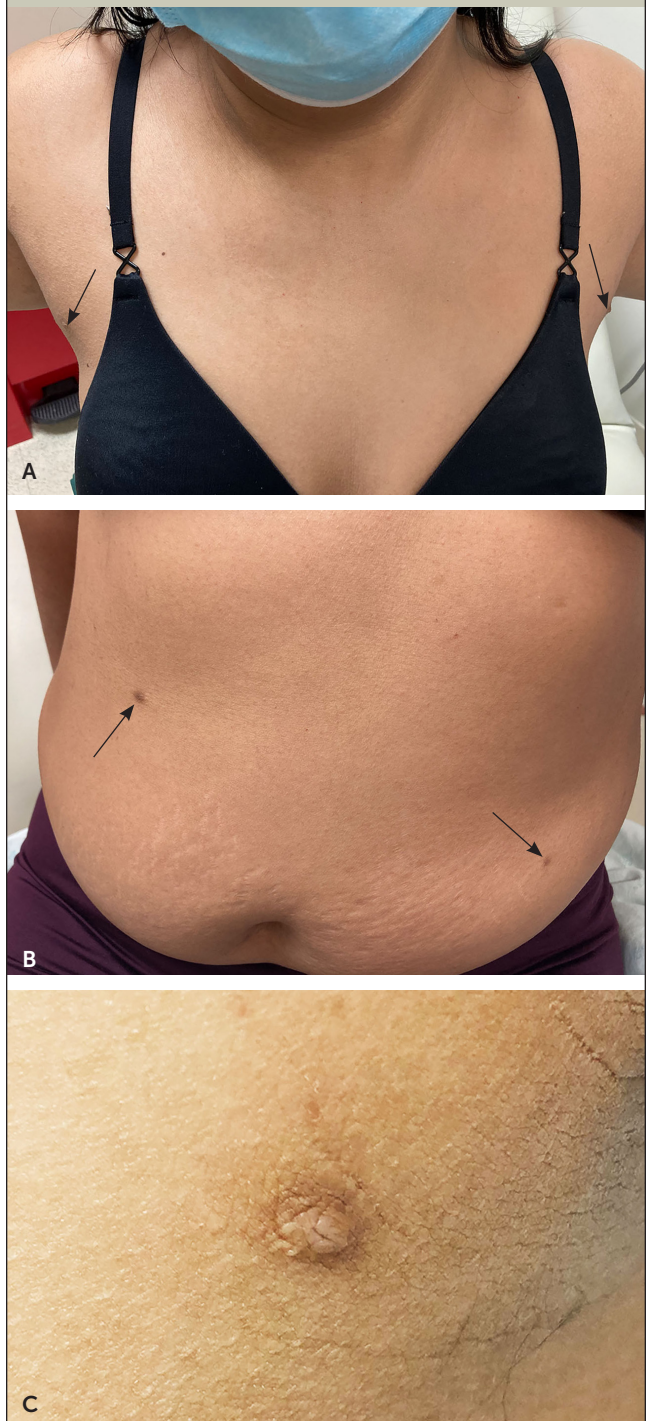
To the Editor: Family physicians play a vital role in diagnosing skin lesions.¹ One study demonstrated that family physicians are second to dermatologists in the number of visits addressing skin disorders, accounting for 20.5% of all skin-related visits.¹ In this case report, we describe a woman presenting with multiple supernumerary nipples distributed in a symmetric, classic pattern.

A 32-year-old woman with no notable medical history presented with four bumps on the chest and abdomen: one anterior to each axilla (*Figure 1A*) and one on each lateral lower abdomen (*Figure 1B*). The lesions had been visible and unchanged for as long as she could remember. They were mildly pruritic but not painful. Examination revealed a tan, flat-topped, minimally raised papule with a central component of hyperpigmentation anterior to each axilla. Two similar papules were present on the left and right lower abdomen. A shave biopsy of the lesion anterior to the left axilla showed pathologic findings consistent with a supernumerary nipple (*Figure 1C*).

Supernumerary nipples occur in up to 6% of the population.² Supernumerary nipples are more common in males and can resemble other skin findings, including dermatofibromas.³ Supernumerary nipples have a characteristic distribution and are most common along the mammary ridges from the axilla to the groin.²

Supernumerary nipples are generally considered benign; although rare, supernumerary nipples and the corresponding accessory tissue may develop associated fibroadenomas, mastitis, or breast cancer.⁴ Retrospective reports have demonstrated an association of supernumerary nipples with urinary tract malformations in children.⁵

FIGURE 1



Symmetric distribution of supernumerary nipples (A) anterior to each axilla and (B) on each lateral lower abdomen. (C) Close-up view of lesion anterior to the left axilla.

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These associations highlight the importance of recognizing supernumerary nipples in the primary care setting. Although time constraints can be a barrier to performing comprehensive skin examinations,⁶ most supernumerary nipples can be identified during standard abdominal and chest examinations because of their unique distribution.

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