



Nipple shadows

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1. Indication

A 49-year-old female was being followed-up for malignant melanoma after surgery. Six months earlier, she had undergone amputation of right 4th finger and sentinel lymph node biopsy. A medical history and physical examination revealed no specific finding. However, the posterior-anterior radiographic examination showed a round nodular density (black arrows) in each lower lung field (Fig. 1A), which had not previously been present.

2. What is the diagnosis?

2.1. Diagnosis

The nodular densities were considered coinciding with the expected location of the both nipples. Nipple markers were placed and the examination was repeated; the both nipple markers were superimposed on the nodular densities which were interpreted as nipple shadows (Fig. 1B). Nipple shadows are known to produce nodular shadows in lower lung zones. Therefore, it is necessary to distinguish the nipple shadow from other pulmonary nodular shadow. It is usually easy to distinguish the nipple shadow from the lesion, especially by means of repeated radiographic examination with a nipple marker [1,2].

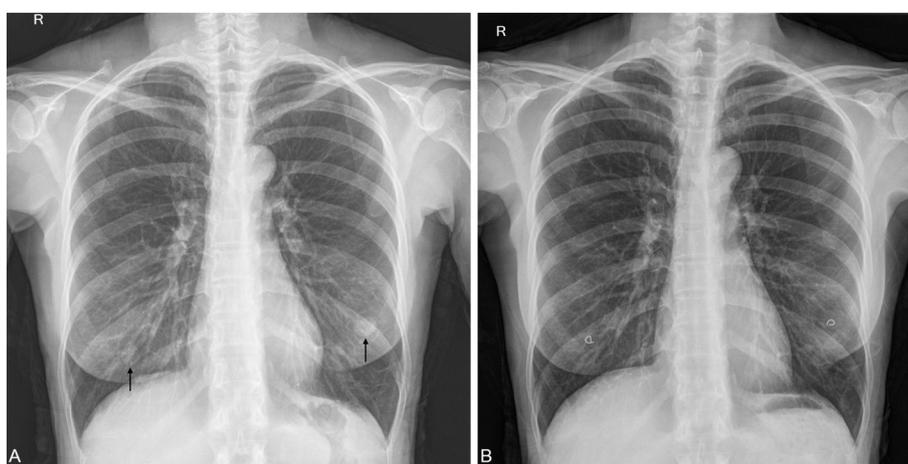


Fig. 1. Incidentally founded nodular densities in chest X-ray.

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Conflict of interest statement

None declared.

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