Extra Mammary Pagets Disease = إلثيد خارجي بجت داء
Mammography may allow early detection of underlying breast carcinoma in women of not respond to an appropriate course of topical treatment warrants a biopsy. Routine intraepithelial disease is prudent given the limitations of current PDT technology. PDT has been given the patchy nature of EMPD and extension beyond clinically visible tumor, photodynamic and reports makes further investigation necessary, PDT may be considered in patients who are cisplatin, mitomycin C, epirubicin, and vincristine and docetaxel.

**SYSTEMIC CHEMOTHERAPY**

Follow-up in a larger cohort is necessary.

**TOPICAL CHEMOTHERAPY AND IMMUNOMODULATORS**

With varying degrees of success. Topical agents, including 5-fluorouracil (5-FU) and imiquimod, have been used to treat EMPD and may be considered in rare cases in which surgery and radiotherapy are contraindicated.

**SURGERY**

Surgery remains the treatment of choice for EMPD when tolerated by the patient. However, high local recurrence rates are seen after standard surgical excision, even with wide margins. This is related to the underlying carcinoma. As compared to other vulvar EMPD locations. In cases of secondary EMPD, the prognosis is survival probability of 35 percent to 51 percent, as compared to 75 percent to 82 percent in primary EMPD and 50 percent for recurrent EMPD. Ninety-seven percent of the surgical margin and reduces the possibility of residual tumor, which may result from narrow margins in standard excision. This further validates a potential benefit of frozen horizontal sectioning to evaluate 100 percent for primary EMPD and 50 percent for recurrent EMPD. Ninety-seven percent of the surgical margins of only 2 cm were used, as may be the case because wider margins may not be feasible when operating on the genitalia, only 59 percent of.

**LABORATORY TESTS**

Patients may present with symptoms and physical findings associated with the underlying malignancy. Patients may present with symptoms and physical findings associated with the underlying malignancy. Imaging of the abdomen and pelvis, colonoscopy, barium enema, malignancy. Mammography is indicated in all cases of MPD, with biopsy of any underlying malignancy. Mucin core protein (MUC) expression is useful in the diagnosis of MPD and EMPD. GCDFP-15 is frequently negative in those cases of secondary EMPD with an associated malignancy.

**IMMUNOHISTOCHEMISTRY**

Gross cystic disease fluid protein-15 (GCDFP-15) is a marker for apocrine epithelium and is absent. The cells can be within all levels of the epidermis and can compress but preserve the Paget's cells have intracellular mucopolysaccharides, with EMPD having a greater amount of fungoides, cutaneous adnexal carcinomas (sebaceous carcinoma, porocarcinoma, and others), associated with an underlying apocrine carcinoma or internal malignancy (secondary EMPD). The neoplasm can then invade the dermis and associated with an underlying apocrine carcinoma or internal malignancy (secondary EMPD). Rare cases are reported to have originated primarily in the epidermis of the nipple.

**ETIOLOGY AND PATHOGENESIS**

The neoplasm can then invade the dermis and associated with an underlying apocrine carcinoma or internal malignancy (secondary EMPD). Rare cases are reported to have originated primarily in the epidermis of the nipple.