Extra Mammary Pagets Disease = اﻠﺜدﻲ ﺧارﺞ ﺑاﺠﺖ داء
Intraepithelial disease is prudent given the limitations of current PDT technology. PDT has been described as an adjuvant to surgical treatment to better define clinical margins and improve outcomes. Systemic chemotherapy has been used to treat patients with invasive and metastatic disease, including a combination of low-dose 5-fluorouracil and cisplatin.

**Systemic Chemotherapy**

EPMD involves layers and adnexal structures that are frequently involved in EMPD. Systemic chemotherapy has not proven to be a reliably curative agent in the treatment of EMPD.

**Topical Chemotherapy and Immunomodulators**

An adjuvant therapy in those patients with a high risk of recurrence. Those patients who are poor surgical candidates or are concerned with the morbidity of surgery may benefit from this approach.

**Radiotherapy**

Helps to broaden the surgical margin of resection for EMPD. When operating on the genitalia, only 59 percent of cases treated with MMS required margins of 5 cm from the clinical tumor margin. However, if the tumor is close to the margin, a margin of 1 cm may be feasible. If the tumor is close to the margin, a margin of 1 cm may be feasible when operating on the genitalia.

**Mohs Micrographic Surgical Excision**

MOHS surgery can be performed in a similar manner as the usual surgical excision. Multiple scouting biopsies to help delineate the extent of the disease before surgery can be a helpful approach.

**Sentinel Lymph Node Biopsy**

A biopsy may prove beneficial for those patients with increased risk of lymph node involvement. This technique has been limited to a small number of reported patients and most cases of EMPD have in situ disease. Sentinel lymph node biopsy must be considered in EMPD. Adjuvant therapy with radiation, chemotherapy, or hormonal therapy is often considered in cases of EMPD.

**Diagnosis and Staging**

In cases of EMPD, workup is directed toward the possibility of an underlying gastrointestinal or genitourinary malignancy. Mammography is indicated in all cases of MPD, with biopsy of any underlying breast mass. Mastectomy remains the standard definitive treatment. However, evidence suggests that MPD treated with breast-conserving surgery results in local control and survival comparable to those treated with mastectomy. Lymph node evaluation via axillary dissection or sentinel lymph node biopsy must be considered in MPD. Adjuvant therapy with radiation, chemotherapy, or hormonal therapy is often considered in cases of MPD.

**Prognosis and Clinical Course**

Failure to identify and adequately treat cases of MPD can lead to metastatic disease with a poor prognosis. In cases of EMPD, workup is directed toward the possibility of an underlying gastrointestinal or genitourinary malignancy. Mammography is indicated in all cases of MPD, with biopsy of any underlying breast mass. Mastectomy remains the standard definitive treatment. However, evidence suggests that MPD treated with breast-conserving surgery results in local control and survival comparable to those treated with mastectomy. Lymph node evaluation via axillary dissection or sentinel lymph node biopsy must be considered in MPD. Adjuvant therapy with radiation, chemotherapy, or hormonal therapy is often considered in cases of MPD.

**Diagnosis and Staging**

Diagnosis of MPD and EMPD should be accompanied by a thorough search for underlying malignancy. Mammography is indicated in all cases of MPD, with biopsy of any underlying breast mass. Mastectomy remains the standard definitive treatment. However, evidence suggests that MPD treated with breast-conserving surgery results in local control and survival comparable to those treated with mastectomy. Lymph node evaluation via axillary dissection or sentinel lymph node biopsy must be considered in MPD. Adjuvant therapy with radiation, chemotherapy, or hormonal therapy is often considered in cases of MPD.