High Incidence of Supernumerary Nipples in End-Stage Renal Failure

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Dear Sir,

Supernumerary nipples (SNNs) are developmental abnormalities occurring most commonly over the anterior aspect of the trunk, in the pathway of the embryo-genic milk lines. During the last years, several studies called attention to the connection between SNNs and nephrourologic abnormalities [1–4], although some authors, based mainly on clinical grounds without more detailed exams, have questioned this association [5,6]. As it can be inferred that if serious consequences can emerge from this association, they should be concentrated among the patients with end-stage renal disease, we have investigated the presence of SNNs in our population on renal replacement therapy (dialysis and transplantation). A SNN was scored when a small pigmented or pearl-colored mark or concave spot was seen below and somewhat medial to the mammilla. Three hundred consecutive nonrenal patients attended at the emergency room of a general hospital were investigated as controls. The results are summarized in table I.

The incidence of SNNs in the general population has been the subject of several investigations in different countries; the figures range from 0.2 to 3.9% [1, 5–7], which is much lower than that of 16.5% found in our group of patients. This discrepancy is even more accentuated when some groups are considered separately: familiar nephropathies, polycystic disease, uropathies and chronic renal failure of uncertain origin. Especial attention deserves the finding of 7/62 SNNs in glomerular nephropathies, and even more intriguing in this group is the fact that 5/26 biopsy-proven cases of membrano proliferative glomerulonephritis (19.2%) had SNNs.

Polythelia results when embryonic milk lines fail to undergo normal regression. The causal factors are unknown, although some cases have shown a familial tendency, while others had congenital cytogenetic syn-

Table I. Distribution of SNNs by etiologies of renal disease

Renal disease	Patients	Investigated
n	SNN-positive	%

dromes, involving above all chromosomes 3 and 8 [2]. This to our knowledge not yet reported very high incidence of SNNs clearly needs to be confirmed, but our data strongly suggest an

overlap between SNNs and some nephropathies, in which genetic and/or congenital factors are likely to be more important than usually recognized. People with SNNs may comprise a suitable population for intensive screening for asymptomatic renal disease within the population.

References

Méhes, K.: Association of supernumerary nipples with other anomalies. *J. Pediatr.* 95:274–275 (1979).

Goedert, J.; McKeen, E.A.; Fraumeni, J.F., Jr.: Polymastia and renal adenocarcinoma. *Ann. intern. Med.* 95:182–184 (1981).

386

Matesanz/Teruel/GarcíaMartin/Orte/Guisasa/Ortuño

Méhes, K.: Association of supernumerary nipples with other anomalies. *J. Pediatr.* 102:161 (1983).

Varsano, I.B.; Jaber, L.; Garty, B.Z.; Mukamel, M.M.; Grune-baum, M.: Urinary tract abnormalities in children with supernumerary nipples. *Pediatrics* 73:103–104 (1984).

Rahbar, F.: Clinical significance of supernumerary nipples in black neonates. *Clin. Pediatr.* 27:46–47 (1982).

Mimouni, F.; Merlob, P.; Reisner, S.H.: Occurrence of supernumerary nipples in newborns. *Am. J. Dis. Child.* 137: 952–953 (1983).

Mehrgan, A.M.: Supernumerary nipple. A histologic study. *J. cutaneous Pathol.* 5:96–104(1981).