FIBROADENOMA IN AN ECTOPIC BREAST TISSUE

Vinod Tamaknand¹, Devender Choudhary², Bhawan Nangarwal³, Rajesh Godara⁴, Pradeep Garg⁵

¹Junior Resident, Department of Surgery, PGIMS.

²Junior Resident, Department of Surgery, PGIMS.

³Junior Resident, Department of Surgery, PGIMS.

⁴Professor, Department of Surgery, PGIMS.

⁵Senior Professor, Department of Surgery, PGIMS.

ABSTRACT

Ectopic breast tissue may be affected by the same diseases and alterations that affect topical breast tissue. Nevertheless, reports of fibroadenoma of the axilla are rare.

OBJECTIVE

To describe a case of fibroadenoma in an axillary ectopic breast tissue.

CASE REPORT

A 21 yrs. old woman presented with mass in left axilla since 1 yr., which was gradually increasing in size and not associated with menstrual cyclical disturbance. O/E: Lump of size 4×3 present in left axilla, mobile and non-tender. Breast USG and mammography was reported normal. HPE revealed findings consistent with fibroadenoma.

KEYWORDS

Fibroadenoma, Ectopic Breast Tissue

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INTRODUCTION

An axillary swelling presenting as ectopic breast may not always be a normal breast tissue. It can be associated with pathological anomalies like inflammation, fibrosis, fibroadenoma, cystosarcoma phylloides and carcinoma. Supernumerary nipple (Polythelia) and supernumerary breast (Polymastia) are common anomalies of breast. They develop along embryonic milk line from axilla to inguinal region.^{1,2} The incidence ranges from 1-6%.³ They have been reported in areas other than milk line region such as vulva, face and perineum. Fibroadenoma is a benign disease of normal breast tissue, which rarely occurs in an ectopic breast. Only few cases have been reported in literature. These anomalies are often associated with congenital anomalies of urinary and cardiovascular system.⁴ We report a case of fibroadenoma in ectopic breast tissue to highlight the importance of proper examination of ectopic breast tissue and its pathological anomalies.

CASE REPORT

A 21 yr. old woman presented with a mass in left axilla since one year, which was gradually increasing in size and not associated with pain or menstrual cycle disturbance. On examination a lump of size 4×3 cm was present in left axilla, completely separated from left breast. Swelling was firm in consistency with a 3×2 cm size hard tissue within the lump. Lump was mobile and non-tender.

Bilateral breast and axillary examination revealed no findings. No biopsy or cytological study of mass was performed. Breast USG and mammography was reported normal. Lump was excised under general anaesthesia and sent for histopathological reporting with provisional diagnosis of fibroadenoma in ectopic breast tissue. Histopathological report confirmed features of fibroadenoma. Sections passed through fibrofatty tissue showed fibrosis, adenosis, and fibroadenomatoid changes.

Class	Nipple	Areola	Glandular Tissue
I	+	+	+
II	+	-	+
III	-	+	+
IV	-	-	+
V	+	+	-
VI (Polythelia)	+	-	-
VII (Polythelia Areolaris)	-	+	-
VIII (Polythelia Pilosa)	A Patch of Hair Only		

Table 1: Kajava Classification of Ectopic Breast Tissue

DISCUSSION

Supernumerary nipple and supernumerary breast are common ectopic breast diseases described in literature.^{5,6} Ectopic breast tissue can be present anywhere along embryonic milk line extending from axilla-to-inguinal region. Embryonic milk line develops during 6th week of embryonic development by thickening of ectodermal layer thus giving origin to normal breast tissue in pectoral region. There are two theories for development of ectopic breast tissue. One postulates failure of regression and displacement of milk line.⁷ Second theory suggests development from modified apocrine sweat gland.⁸ Incidence of accessory breast is 0.4-6% in

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Corresponding Author:

Dr. Devender Choudhary,

Room No. 336,

Doctor's Hostel,

PGIMS, Rohtak.

E-mail: devinderkuntal@gmail.com

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females.⁴ 67% accessory breast present in thoracic and abdominal area and 20% present in axilla along milk line.

Other sites are face, vulva and perineum. Time of presentation are different for supernumerary nipple and supernumerary breast. Supernumerary nipple can be present at birth, but supernumerary breast develops after hormonal stimulation usually during puberty, pregnancy and lactation.⁹ Ectopic breast tissue was classified into 8 classes by Kajava in 1915.¹⁰

Usually ectopic breast tissue occurs sporadically, but a hereditary predisposition has also been reported. Study of American population by Gilmore et al found that incidence of ectopic breast tissue is more common in native Americans than in non-Americans.¹¹ These indicate role of genetic basis in development of ectopic breast tissue. Apart from cosmetic and psychological disturbances, the pathological changes in ectopic breast tissue are same as in normal breast tissue such as inflammation, fibrosis, fibroadenoma, cystosarcoma phyllodes and carcinoma.^{12,13} Ectopic breast tissue is often associated with congenital anomalies of urogenital system. Malignancy of ectopic breast tissue without nipple poses diagnostic challenge resulting in earlier and frequent metastasis with poor prognosis.

CONCLUSION

In case of any swelling in milk line, evaluation should rule out fibroadenoma and associated urogenital anomalies. Investigation for benign and malignant pathology in ectopic breast tissue should be done timely.

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