

FIBROADENOMA DEVELOPING IN AN ECTOPIC BREAST

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ABSTRACT

A 43 year-old female patient was admitted to our clinic with the complaint of a mass under the left breast. Physical examination revealed a supernumerary nipple under the left breast and a 0.5x1 cm mobile mass under the supernumerary nipple. Excision of the mass with the supernumerary nipple was performed. The pathology report was also consistent with fibroadenoma. Supernumerary breasts and ectopic breast tissue occurs in 1–6% of the general population and most commonly develop along the milk lines. People with supernumerary breast are also subject to pathologic diseases seen in normal breasts. The presence of fibroadenoma in supernumerary breast with supernumerary nipple is very rare. Herein we report a case of a fibroadenoma in an ectopic breast tissue with an accessory nipple under the normal situated breast.

Key words: fibroadenoma, ectopic breast, supernumerary nipple

AKSESUAR MEMEDE GELİŞEN FIBROADENOM

ÖZET

43 yaşında bayan hasta sol meme altında kitle ile kliniğimize başvurdu. Fizik muayenede sol meme altında aksesuar meme başı ve altında 0.5x1 cm boyutlarında kitle izlendi. Aksesuar meme başı, altındaki kitle ile beraber tamamen eksize edildi. Histopatolojik değerlendirme sonucu normal meme dokusu içinde fibroadenom ile uyumlu olarak rapor edildi. Aksesuar meme, süt çizgisi üzerinde toplumda %1-6 oranında görülebilir. Aksesuar meme her zaman tam gelişmiş meme değildir. Kimi zaman sadece meme dokusu içerir, meme başı veya areola içermez. Aksesuar meme dokusu ve üzerinde aksesuar meme başı oluşumu ise daha nadirdir. Aksesuar memedeki dokuda normal memede gelişebilecek tüm patolojiler ortaya çıkabilir. Bu sunumumuzda aksesuar meme başı ve meme dokusu içinde gelişmiş fibroadenom olgusunu sunmaktayız.

Anahtar sözcükler: fibroadenom, ektopik meme, aksesuar meme başı

Introduction

Supernumerary breast and ectopic breast tissue occurs in 1–6% of the general population and most commonly develop along the milk lines (1). Mammary ridges are first seen during the 6th week of the fetal development and runs from the axilla to the groin during embryogenesis. When the regression of embryonic mammary ridge fails, supernumerary breast occurs (2). The most common localization of supernumerary breast is the line extending from the nipple to symphysis pubis (3). People with supernumerary breast are also subject to pathologic diseases seen in normal breasts. Herein we report a case of fibroadenoma in an ectopic breast tissue with an accessory nipple under the left normal situated breast.

Case Report

A 43-year-old female patient was admitted to our clinic with the complaint of a mass under the left breast. Personal and family history were nonspecific. Physical examination revealed a supernumerary nipple under the left breast (Figure 1) and a 0.5x1 cm mobile mass under the supernumerary nipple. No other nipple, areola or lesion along the milk line could be identified. She had no developmental, skeletal or urologic abnormalities. Ultrasound revealed a well defined regular mass consistent with a fibroadenoma and core biopsy of the mass confirmed the diagnosis. Excision of the

mass with the supernumerary nipple was performed (Figure 2). Final pathology report was also consistent with fibroadenoma.

Discussion

During the fifth or sixth week of embryogenesis, mammary ridges occur which are formed by thickening of ectoderm. Firstly mammary ridges run from axilla to inguinal region. After a short time mammary ridges disappear except at pectoral region. If there is a problem in the regression of mammary ridges except at pectoral region, accessory nipples and mammary glands may occur. Accessory nipple and ectopic breast generally appear on the mammary ridge although atypical localizations are described such as face, vulva, posterior neck, thigh, shoulder and upper extremities (4,5).

The clinical importance of supernumerary breasts are that; a) ectopic breast tissue is responsible for all the pathologic changes that occur in normally positioned breasts, b) ectopic breast tissue is subject to all physiologic changes that occur in menstruation, puberty and pregnancy, c) ectopic breast tissue may be associated with malignancies and other congenital abnormalities such as pyloric stenosis, epilepsy, ear abnormalities, cardiac abnormalities and especially urinary tract abnormalities (6-8). Renal malformations and renal adenocarcinoma are most common abnormalities seen in patients with polymastia (9).



Figure 1. Accessory nipple under left breast

The appearance of ectopic breast tissue, especially the ones without nipple, are generally during the first pregnancy initiated with hormonal stimulation by ovarian estradiol and placental estriol. Milk secretion can be seen from the ectopic breast tissue (10).

Ectopic breast tissue has the risk of malignant transformation and there are numerous case reports in this regard (11,12). Ectopic breast tissue without the presence of a nipple can cause delay in the diagnosis of malignancies. So earlier and more frequent metastases, poorer prognosis are seen in ectopic breast tissue malignancies (12). Also in patients who initially present with axillary metastases of an unknown primary tumor, ectopic breast tissue must be kept in mind (13).

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Figure 2. Specimen of nipple and underlying fibroadenoma (Fibroadenoma was divided) after surgical excision

Although fibroadenoma in ectopic breast tissues such as axilla, vulva and arm have been described before, to our knowledge fibroadenoma in an ectopic breast tissue with an accessory nipple under the breast has not been reported previously (4,5). Mammography, ultrasonography and magnetic resonance imaging can be used in the diagnosis. Core biopsy of the ectopic breast tissue is important to make the appropriate surgical decision. If it is malignant a wider excision with lymph node dissection must be considered. If it is benign, then simple excision is required for a definite diagnosis and to prevent the future risk of cancer.

In conclusion, when a mass is found in mammary ridge, ectopic breast tissue and all the pathologic changes of the breasts must be kept in mind because early detection of a ectopic breast cancer affects the prognosis.

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