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Case Report

Pedunculated lipoma of the breast

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ABSTRACT

Pedunculated lesions of the breast are usually benign conditions. They pose a clinical dilemma to the attending surgeon. Excision is the mainstay of treatment. A case of a pedunculated lipoma of the breast in a 52-year-old lady is presented. She underwent excision under general anesthesia. Histopathology revealed adult-type of adipocytes with no evidence of lipoblasts. There was no recurrence. Various types of pedunculated lesions of the breast, their diagnosis and management are discussed. Surgical excision is the mainstay of treatment. They have a low recurrence rate and are rarely malignant.

Keywords: Pedunculated, Lipoma, Breast

INTRODUCTION

Lipoma of the breast has been described.[1] Breast tissue by itself predominantly contains adipose tissue admixed with glandular tissue. It is extremely difficult to clinically diagnose lipoma of the breast preoperatively. Pedunculated lesions of the breast typically arise from the nipple-areolar complex, as seen in fibroepithelial lesions of the nipple.[2,3] Pedunculated lesions may also arise from breast tissue in the region, which usually is an accessory breast. Accessory axillary breasts clinically simulate lipomas. A case of pedunculated lipoma of the breast is presented to create awareness of this extremely rare lesion.

CASE REPORT

A 52-year-old lady presented with a soft tissue lesion hanging from the skin of the axillary end of the right breast (Figure1). The patient gave history of increasing size over the last 9 months. There were no changes in the size of the lesion or any symptoms associated with menses. There was no history of lump in the ipsilateral and contralateral breast. Each axilla was normal on palpation. The patient underwent surgical intervention wherein an elliptical incision was made around the base of the pedicle. The supplying artery was identified and ligated. The lump along with the pedicle was excised. The cut section showed uniform distribution of fat (Figure 2). Histopathology showed mature adipocytes. There was no evidence of lipoblasts (Figure 3). The post-operative course was uneventful, with no evidence of recurrence in the last 3 months.

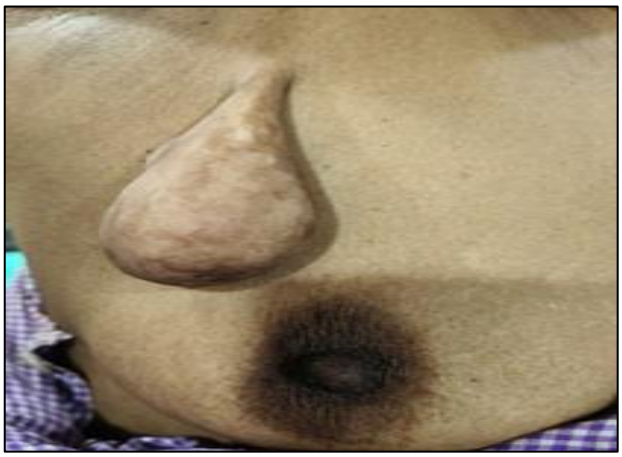

Figure 1: Pedunculated lipoma of the breast.

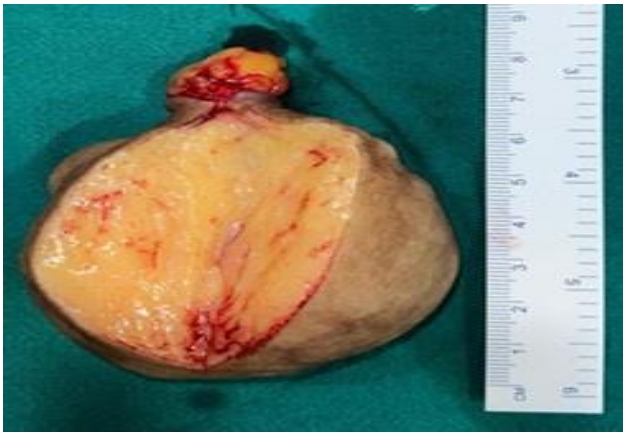

Figure 2: Resected specimen including the stalk.

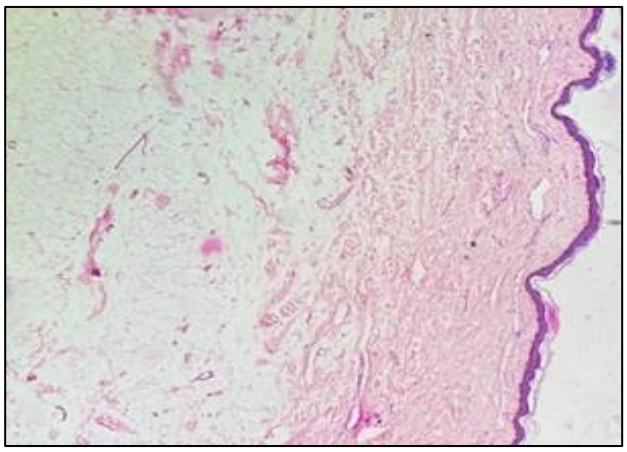

Figure 3: HP shows mature adult type of fat cells (H and E staining magnification 40×).

DISCUSSION

Pedunculated lesions of the breast are extremely rare. Majority arise from the nipple-areola complex. They are papillomatous in nature.[2] Most of the pedunculated lesions are benign. The other varieties are hypertrophic axillary tails of the breast.[3] Their stalk may be quite broad. However, these lesions usually exhibit changes in the size associated with every menstrual cycle as they contain both fat and glandular breast tissue.[4-6]

Pedunculated lipomas of the breast are uncommon with hardly any mention in literature. They usually contain adult form of adipocytes and are devoid of glandular tissue.

The feeding vessels which supply blood to the mass are seen to run in the stalk. Clinical examination of the lesion suggests lipomatous growth that is soft, pseudo-fluctuant and lobulated. Excision of the pedunculated lesion involves elliptical excision at the base of the pedicle followed by identification of the feeding vessel which needs to be meticulously identified and ligated before transection.

Histopathology is important as one needs to rule out liposarcoma which by itself is rare in the pedunculated lesions. Recurrence rate with pedunculated lipomas is extremely rare.[1]

CONCLUSION

Pedunculated lipoma of the breast is rare. There are no symptoms associated with menstruation. Excision is the mainstay of treatment. The recurrence is uncommon with no incidence of malignancy.

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