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Case Report

Fibroadenoma of ectopic breast tissue in axilla: a case report

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ABSTRACT

Fibroadenoma of ectopic breast tissue is a rare disease. It is very important to rule out malignancy as carcinoma commonly occurs in ectopic breast tissue. Here we report a case of 48 years old female presenting with complaints of swelling in right axilla since 3 months. Fine needle aspiration cytology suggested fibroadenoma of right breast. Ultrasonography of axilla revealed no other swellings apart from the fibroadenoma. Patient underwent excision and biopsy. Histopathology confirmed it as fibroadenoma of the ectopic breast tissue.

Keywords: Carcinoma of breast ectopic breast, Fibroadenoma, Milk line

INTRODUCTION

Presence of more than two breasts is called as polymastia also often described as supernumerary breast, accessory breast or ectopic breast tissue (EBT). They may be presented either with nipple areolar complex (polythelia) or without nipple areolar complex (polymastia). Ectopic breast tissue can occur anywhere on the primitive embryonic milk line extending from axilla till groin.[1] Axillary breast tissue is a common variant of ectopic breast tissue and is found in approximately two to six percent of general population.[2] It is twice as common in females when compared to males.[3] Carcinoma is more common occurance in ectopic breast tissue followed by inflammatory changes and fibroadenoma.[3,4] Thus fibroadenoma of ectopic breast tissue is a rare entity and proper evaluation is required to rule out any chances of neoplastic changes.

CASE REPORT

A 48 years old female came to our outpatient department after noticing a swelling in right axilla since 3 months. Swelling is not associated with pain, tenderness and local rise of temperature. On Examination, a single 2×2 cm oval shaped swelling was found in subcutaneous plane which is firm in consistency, well demarcated borders and freely mobile in vertical and horizontal planes (Figure 1). Skin over and around the swelling is normal. No dischare or opening found over the swelling. No engorged veins. Bilateral breasts and left axilla is normal. No history of similar swellings or other breast diseases in the family. No bladder and bowel abnormalities. All other systems are normal. Provisional clinical diagnosis of axillary lymphadenopathy was made.

Fine needle aspiration cytology was done which suggested the swelling as fibroadenoma of ectopic breast tissue. Ultrasonography revealed a 2×2 cm hypo echoic lesion in right axilla in subcutaneous plane, bilateral breast and left axillas are normal. Routine surgical workup was done which did not reveal any abnormalities.

Excision and biopsy was done (Figure 2). Histopathological examination was done in which the sections studied showed mammary ductules surrounded by fibrocollagenous bundles, cystically dilated spaces, foamy macrophages and crowding of gland spaces

(adenosis) (Figure 3). No evidence of malignancy and no lymph node structure identified. Considering the above features and in correlation of the FNAC a diagnosis of "fibroadenoma of ectopic breast tissue" was made.

Figure 1: Specimen is being excised.

Figure 2: Cut section of the specimen-gross appearance.

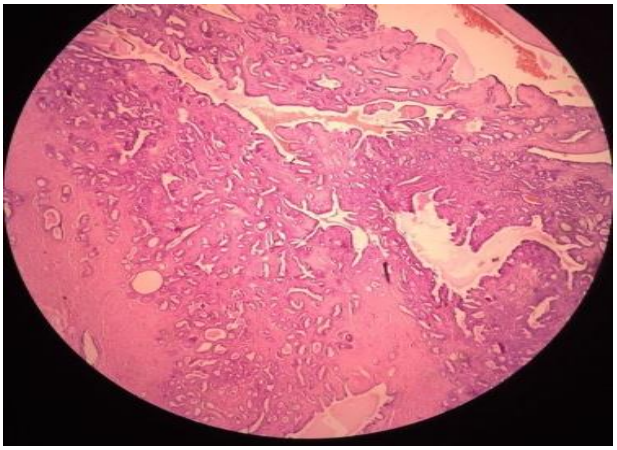

Figure 3: Microscopic image showed mammary ductules surrounded by fibrocollagenous bundles along with cystically dilated spaces.

DISCUSSION

Presence of more than two breasts is called as polymastia also often described as supernumerary breast, accessory breast or ectopic breast tissue (EBT). Mammary milk lines represent two ectodermal thickenings which grow on either sides of the embryo during the 6th week of development. They extend from axilla till the groin. As the development precedes most of them disappears except for the two mammary ridges in the pectoral region which later develop into normal breasts. Ectopic breast usually occurs along the "milk line" or mammary line.[5] Failure of any portion of the mammary ridge to involute can lead to ectopic breast tissue either with nipple areolar complex i.e. Polythelia or without nipple areolar complex i.e. polymastia.[5]

The incidence of ectopic breast is 1-6% in the general population.[6] The axillary breast tissue is a subtype of ectopic breast occurring in 2-6% of women.[2] It is twice as common in female patients as in male patients.[3] Ectopic breast tissues have been reported even on the face, foot, perineum and vulva.[7-9] Uncommon locations, also known as 'mammae erraticae', include the buttocks, back of neck, flank, upper arm, hip, shoulders and midline of the back and chest.[10]

Carcinomas are common in ectopic breasts, hence it is very important to diagnose the underlying pathology, especially in case of ectopic breasts. Other presentations include cycstic changes, inflammatory changes and fibroadenomas. Ectopic breasts might be associated with an underlying genitourinary and cardiovascular system abnormality.[11] Fibroadenoma of breast is most common cause of breast mass especially in adolscents and young females, however fibroadenoma of ectopic breast tissue is rarely described.[12]

Supernumerary breasts are classified by Kajava in 1915 as follows, type 1: complete breast with areola and nipple; type II: supernumerary breast with nipple only; type III: supernumerary breast with breast tissue and areola only; type IV: ectopic or aberrant breast tissue only; type V: pseudomamma consists of fat with areola and nipple; type VI: polythelia (nipples only); type VII: areola only (polythelia areolaris) and type VIII: patch of hair only (polythelia pilosa).[13]

Ectopic breast tissue occurs sporadically, but a hereditary predisposition has also been reported.[14] In most cases, accessory breasts are asymptomatic and are more of cosmectic concern without any sympotoms or signs. Under circumstances like mensuration, pregnancy and lactation, the size of swelling might increase along with pain which causes discomfort. Carcinoma which commonly occurs from ectopic breast tissue has poorer prognosis due to delay in the diagnosis. This delay happens due to a broad differential diagnosis. Differential diagnosis of a axillary swelling include lipoma, sebaceous cyst, vascular lesions, suppurative hidradenitis,

cat scratch disease, lymphadenopathy, secondaries in lymphnodes, tuberculosis, axillary tail of Spence, or even a torn muscle belly and malignancies.[11] Firboadenoma of axillary ectopic breast is present in superficial plane which in contrast to any tumor from axillary tail of Spence which lies deep to the deep fascia. EBT associated with underlying urogenital abnormalities such as hydronephrosis, polycystic kidney and ureteric stenosis.[15,16] Cardiac problems such as congenital heart anomalies, high-blood pressure and rhythm disturbances are linked with ectopic breasts.

A thorough examination of the swelling has to be done just like in case of any breast disease by triple assessment to rule out any malignancy. Special attention should be given for the examination of lymph nodes as the malignancies of ectopic breast tissues carry poor prognosis. Evaluation also has to be done to rule out any associated urological and cardiac problems. Both normal breasts must be examined. Ultrasound is used to determine the anatomical location, consistency, vascularity and composition of the mass. FNAC or true cut biopsy helps us in arriving at a more accurate provisional diagnosis which helps us in planning of management. If the lesion is found to be begin, a simple excision is sufficient. If the lesion is suspected to be malignant wide excision along with lymph node dissection has to be done following oncological principles.

CONCLUSION

Fibroadenoma of ectopic axillary breast is an extremely rare entity. Proper diagnosis and treatment is essential as the carcinoma of ectopic breast tissue which is common and usually carries a poorer prognosis because of the delayed diagnosis.

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REFERENCES

1. Harun C, Ertan B, Ozer A, Rana C. Fibroadenoma of the ectopic breast of the axilla - a case report. Pol J Pathol. 2006;57(4):209-11.
2. Coras B, Landthaler M, Hofstaedter F, Meisel C, Hohenleutner U. Fibroadenoma of the axilla. Dermatol Surg. 2005;31:1152-4.
3. Burdick AE, Thomas KA, Welsh E, Powell J, Elgart GW. Axillary polymastia. J Am Acad Dermatol. 2003;49:1154-6.
4. Rizvi G, Pandey H, Gupta MK. Fibroadenoma of ectopic breast tissue in axilla. J Case Reports. 2012;2(2):13–5.
5. Shin SJ, Sheikh FS, Allenby PA, Rosen PP. Invasive secretory (juvenile) carcinoma arising in ectopic breast tissue of the axilla: Arch Pathol Lab Med. 2001;125:1372-5.
6. Gutermuth J, Audring H, Voit C, Haas N. Primary carcinoma of ectopic axillary breast tissue. J Eur Acad Dermatol Venereol. 2006;20:217–21.
7. Koltuksuz U, Aydin E. Supernumerary breast tissue: a case of pseudomamma on the face. J Pediatric Surg. 1997;32(9):1377–8.
8. Conde DM, Kashimoto E, Torresan RZ, Alvarenga M, Pseudomamma on the foot: an unusual presentation of supernumerary breast tissue. Dermatol Online J. 2006;12(4):7.
9. Aughsteen AA, Almasad JK, Al-Muhtaseb MH. Fibroadenoma of the supernumerary breast of the axilla. Saudi Med J. 2000;21:587–9.
10. Lilaia C, Capela E, Cadilla JS, Cabrita b. Ectopic breast fibroadenoma. Internet J Gynecol Obstet. 2007;6:2.
11. Ciralik H, Bulbuloglu E, Arican O, Citil R. Fibroadenoma of the ectopic breast of the axilla—a case report. Pol J Pathol. 2006;57:209–11.
12. Conde DM, Torresan RZ, Kashimoto E, Carvalho LE, Cardoso Filho C. Fibroadenoma in axillary supernumerary breast: case report. Sao Paulo Med J. 2005;123:253–5.
13. Kajava Y. The proportions of supernumerary nipples in the Finnish population. Duodecim. 1915;31:143–70.
14. Marshall MB, Moynihan JJ, Frost A, Evans SRT. Ectopic breast cancer: case report and literature review. Surgical Oncol. 1994;3(5):295–304.
15. Varsano IB, Jaber L, Garty BZ, Mukamel MM, Grünebaum M. Urinary tract abnormalities in children with supernumerary nipples. Pediatrics 1984;73:103–5.
16. Mehes K. Association of supernumerary nipples with other anomalies. J Peds. 1979; 95:274.

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