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Case Report

A rare giant fibroepithelial stromal polyp arising from the areola of breast-a case report

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ABSTRACT

Fibro-epithelial stromal polyps (FSP) are benign mesodermal tumors. They are rarely seen in the breast. Most of them arise from the nipple. Other sites of origin are the external auditory canal, the tonsil, the ureter, oropharynx, the nasal vestibule, the eyelid etc. Though the occurrence and the rarity of FSP of nipple have been described previously, a FSP arising from the areola with intact nipple hasn't been reported in the literature till date.

Keywords: Fibro-epithelial stromal polyp, Areola, Nipple, Satellite lesions

INTRODUCTION

Fibro-epithelial stromal polyps (FSP) are non-epithelial benign growths of mesodermal origin.[1] They are typically seen in vagina, infrequently on vulva and rarely in extra-genital sites.[2] Among the extra-genital sites, FSP of breast (nipple) have been previously reported in the literature.[3,4] Other sites include the external auditory canal, the tonsil, the ureter, oropharynx, the nasal vestibule and the eyelid.[1,5-9] Though the occurrence and the rarity of Fibro-epithelial stromal polyps of nipple has been described previously, a fibro-epithelial stromal polyp arising from the areola of breast with intact nipple hasn't been reported in the literature till date.[3,4]

We report a rare case of giant fibro-epithelial stromal polyp arising from the areola of left breast and peri areolar skin with satellite lesions in our case report.

CASE REPORT

A 53-year-old female presented to the surgical outpatient department with history of a large left breast lump since many years. She noticed that lump after the birth of her 2nd child post lactation, 25 years ago. Since then, the lump was increasing in size. She has been neglecting the lump since then as there was no breast pain, bleeding or nipple discharge. On clinical examination there was a large pedunculated papillomatous growth on the left breast arising from the areola and adjacent skin which was 16×12×6 cm in size with multiple cutaneous satellite lesions as shown in the Figure 1. The left breast nipple was intact. The lump was freely mobile over the left breast independently confirming its superficial origin clinically. There were no palpable lumps and lymph nodes in the left breast and axilla respectively. The right breast and nipple areola complex was normal.

A HRCT chest confirmed the clinical findings. A surgical excision of the lump with adequate margin was performed and the specimen sent for histopathology which showed a skin covered polypoidal soft tissue mass with thin epidermis showing focal inflammatory infiltrate with basal cell vacuolation, and subepithelial fibrocollagenous stroma with interspersed thin blood vessels without any evidence of atypia or mammary elements. Features were suggestive of fibroepithelial stromal polyp. The postoperative period was uneventful.

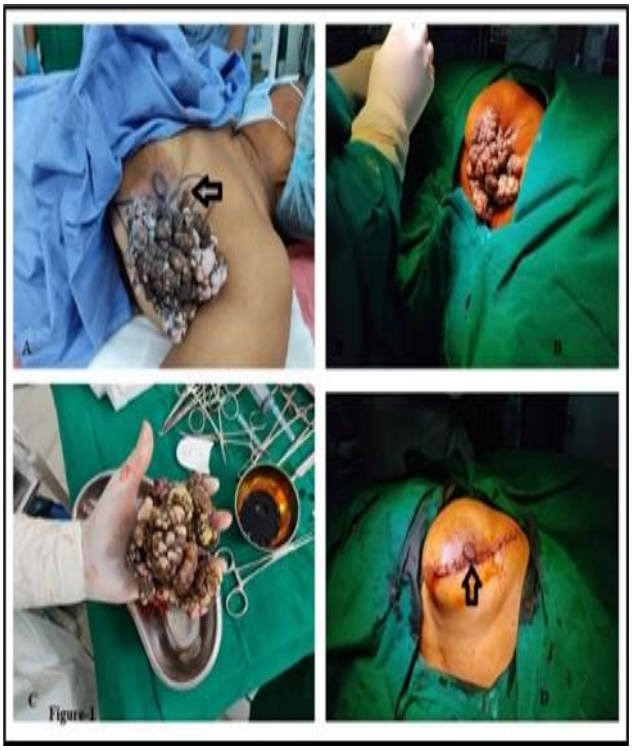

Figure 1 (A-D): The giant polyp with ← arrow indicating the satellite lesions on breast skin. The polyp just before the excision, the resected specimen of the polyp and post excision skin closure with ↑ arrow showing nipple sparing.

DISCUSSION

The FSP of the breast are a rare entity with only few case reports described in the literature. All these reports described FSP arising from the nipple.[3,4] Our case report differs from the other case reports in that the site of origin of the FSP was from the areola and adjacent skin with few satellites skin lesions which were not described in any reports previously. An 18.5, 15 and 13 cm giant fibro-epithelial stromal polyp of vulva were described previously.[2,10] The maximum dimensions of breast (nipple) FSP described was 5.2 cm.[4] In our case the size of the polyp arising from the areola was 16cm in maximum dimension making this the largest FSP of breast ever reported. This giant size of the polyp in our case was due to the delayed presentation. Despite the delayed presentation, there were no cellular atypia or malignant transformation in our case. As described, the etiology of a FSP can be due to chronic irritation or injury which in our case could be due to minor injury to the areola during lactation, but the satellite lesions of adjacent skin might suggest some other etiology.[2]

CONCLUSION

To conclude FSP of the areola is a rare entity with our case report being the first to be described in the literature. These polyps if neglected can grow to a larger size. A surgical excision of the polyp with adequate margin is curative.

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