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# Axillary Fibroadenoma Mimicking as Malignancy-A Rare Case Report

Dr. Murali Anumalasetty[1], Dr. Shivananda[2*], Dr. Gangadhar Golla[3]

[1]PG Resident in MS General surgery, P.E.S Institute of Medical Sciences and Research, Andhra Pradesh, Kuppam- 517425, India
[2]Professor and Head of the Department Department of General surgery P.E.S Institute of Medical Sciences and Research, Andhra Pradesh, Kuppam-517425, India
[3]PG Resident in MS General surgery, P.E.S Institute of Medical Sciences and Research, Andhra Pradesh, Kuppam- 517425, India

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***Corresponding author:** Dr. Shivananda

**Abstract** **Case Report**

Fibroadenoma of breast and ectopic breast tissue is common pathology. Sometimes, it may be associated with hormonal imbalance. However, the presence of fibroadenoma in the axilla without ectopic breast tissue and hormonal imbalance is a rare presentation. We are presenting a rare case report of fibroadenoma developing in the left axilla in a 45-year-old woman. Clinical examination of both breasts revealed no abnormalities and no lymph nodes or supernumerary breasts were detected in the axilla or the neck. Not associated with urologic or cardiovascular abnormalities were found and the histopathological examination of the excisional biopsy sample showed a capsulated type of fibroadenoma similar to that of ectopic mammary tissue.

**Keywords:** Fibroadenoma Malignancy Axillary.



## INTRODUCTION

Breast associated anomalies are not very uncommon. 1% of women and 5% of men presents supernumerary nipples and less often, supernumerary breasts. These alterations are more common in women and are most frequently located along the mammary line, extending from the axilla to the pubic region. Since publications describing this anomaly are rare in the literature, we decided to report on a case of fibroadenoma in axillary breast tissue [1].

## CASE REPORT

A 45-year-old female came with complaint of swelling in the left axilla noticed since 6 months. The swelling was insidious in onset gradually progressed to present size not associated with pain or discharge. On examination, a subcutaneous nodule measuring 5cm x 4 cm was felt within a hard, superficial mass which was isolated from the breast in the left axilla. The nodule was hard, well-defined, not freely mobile and non-tender with normal overlying skin. No nodules were palpable in the contralateral axilla or bilateral breasts. Clinically suspecting it to be axillary lymphadenopathy, the patient was referred for ultrasonography of breast, mammogram and ultrasonography shows lobulated lesion in left axillary region-?fibroadenoma in left axillary region/enlarged axillary lymph node, mammography shows calcification in upper outer quadrant of left breast with left axillary lymphadenopathy-BIRADS category-4 and Fine Needle Aspiration Cytology revealed as proliferative breast disease with atypia with MASOOD cytology index 15/24. With the above investigations, patient was further subjected to Exisional biopsy [2].

## RESULTS

Patient was taken up for excision of the lump under general anaesthesia. Intra operative findings are smooth, capsulated, grey white to yellow colour lump of size 5x3x2cm noted. Post-operative period was uneventful. Histo-pathological examination revealed as complex fibroadenoma[3-5].

## DISCUSSION

In normal development, most of the embryologic mammary ridges resolve, except for two segments in the pectoral region, which later become the breast. Supernumerary breast may be clearly visible and palpable or very small and not palpable. In our case, breast tissue was not palpable in axilla but the presence of fibroadenoma suggestive of existence of supernumerary breast.

Two hypotheses have been proposed on the embryogenesis of the supernumerary breast. One attributes the anomaly to the failure of regression and displacement of the milk line while the other believes it develops from the modified apocrine sweat glands.

Supernumerary breast tissue is well documented in the medical literature and polymastia is one of its most common presentations. However, reports of benign and malignant tumors in supernumerary breasts are rare.

As compared to pectoral breast tissue, ectopic breast tissue demonstrates the same hormonal effects and is at risk of developing breast diseases. During the menses or pregnancy, hormonal stimulation may cause enlargement and discomfort.

Ectopic breast tissue can undergo lactational changes during pregnancy and in the presence of a nipple-areolar complex; it can give rise to lactational secretion.

Fibroadenoma is a frequent cause of nodules in young women, with the highest incidence between the ages of 20 and 30 years. It is rarely described in axillary supernumerary breasts. Evidence from the natural history of fibroadenoma suggests that less than 5% of these tumors increase, whereas approximately one-fourth decreases in size.

Tumors in supernumerary breast tissue should be diagnosed with the same methods applied to normal breast tissue (mammography, ultrasonography, cytologyandbiopsy), observing specific indications. However, due to its low incidence, diagnosis may be delayed or even ignored, thus making treatment more difficult. When tumors or nodules are found along the mammary line, the presence of breast tissue should be considered during the investigation. Axillary fibroadenoma or supernumerary breasts are not very common in the population.

On the basis of history and literature evidence of fibroadenoma proves that approximately 5% of these fibroadenoma increases in size with time and approximately 25% become smaller with the period. Post-excision biopsy revealed fibroadenoma in the axilla. This case demonstrates a rare occurrence of fibroadenoma in an axillary non-palpable supernumerary breast.

The origin of fibroadenoma is basically from the non-palpable normal breast tissue located at the axilla at the milk line. Although the benign nature and natural history of fibroadenoma are well-known, biopsy should be considered for women aged 40 years or older, due to the increased rate of cancer in this age range. Breast surgery has a major role and surgical excision is a choice of treatment. Among women of this age, if conservative management is chosen, periodic clinical and mammographic control is required, following negative cytological tests.

In the view of malignant transformation of the axillary for women aged, this entity requires careful investigation and diagnosis

## CONCLUSSION

The need for careful investigation with aggressive treatment of any swelling in the axilla and breast region should be emphasized, because it may be affected by benign and malignant diseases.

## REFERRENCES

1. Aughsteen AA, Almasad JK, Al-Muhtaseb MH. Fibroadenoma of the supernumerary breast of the axilla. Saudi Med J. 2000;21:587-9.
2. Dixon JM, Mansel RE. ABC of breast diseases. Congenital problems and aberrations of normal breast development and involution. BMJ 1994;309:797-800.
3. Gugliotta P, Fibbi ML, Fessia L, Canevini P, Bussolati G. Lactating supernumerary mammary gland tissue in the vulva. Appl Pathol 1983;1:61-5.
4. Odike MA, Orakwe JC, Oguejiofor OC, Odenigbo UC, Onyiaorah IV. Axillary fi broadenoma mimicking lymphadenopathy. Niger J Clin Pract. 2008;11:72-3.
5. Grossl NA. Supernumerary breast tissue: Historical perspectives and clinical features. South Med J. 2000;93:29-32.