

## Case report

### “Fibroadenoma of the Axilla”

Bhargava R<sup>1</sup>, Singh S<sup>2</sup>

1. Professor and HOD, Department of Surgery, Rama medical college Hospital and Research center, Kanpur
2. Resident , Department of Surgery, Rama medical college Hospital and Research center, Kanpur

#### Abstract

Polymastia is a term that is used to describe the presence of more than two breast in human being. We reported a case of fibroadenoma of the axilla in a 23 years old woman. Ectopic breast denotes breast tissue at more than two pectoral regions, which is mostly benign but at times can be malignant. EBT is at a greater risk of malignancy. Fibroadenoma of ectopic axillary breast tissue (EBT) is quiet rare, but should always be kept in mind for differential diagnosis of an axillary mass.

**Key words:** Fibroadenoma, Axilla, Polymastia

#### Introducton

Polymastia is a term used to describe the presence of more than two breasts with or without a nipple and areola in human being. Ectopic breast tissue occurs anywhere along the primitive embryonic milk lines, which extends from axilla to the groin and may occur unilaterally or bilaterally. Axillary breast tissue is a common variant of ectopic breast tissue(ETB) with a reported incidence of 2 to 6% in women. It can be seen during or before puberty. Diagnosis of EBT is important because EBT shows similar pathological changes that occur in normally positioned breast. We present a case of 23 year old woman with a subcutaneous tumour in the axilla which was histologically identical to fibroadenoma seen in the breast.

#### Case report:

A 23 year old woman admitted because of 4X3X2.5 cm left axillary mass, which had

first appeared 10 months earlier. The mass increased in size within the past months. The mass was painless, firm, freely mobile and completely isolated from the left breast. Both breast and nipples were clinically normal, and there were no lymph node in the axilla and neck. Mammography of the breast was normal.



**Fig 1: Arrow showing ectopic breast tissue in axilla**

The preliminary cytological examination of the material obtained by needle aspiration biopsy from the mass revealed many clusters of cohesive epithelial cells with clusters of mesenchymal cells.

A provisional diagnosis of fibroadenoma with no malignant changes was made. The entire surgically excised mass had a whitish-lobular cut surface. The histopathological examination of the sections taken from the sample showed ductules lined by cuboidal cells resting on the myoepithelial cells layer and surrounded with abundant mesenchymal loose fibro-collagenous tissue.

### Discussion

During early weeks of embryonic development, the mammary milk lines, which represent two ectodermal thickenings along the side of embryo, extend from the axillary region to the groin. A failure of any portion of mammary ridge to involute may lead to ectopic breast tissue. Most instances of EBT occur along the milk line in axilla. EBT can undergo lactational changes during pregnancy and in presence of nipple-areolar complex; it can give rise to lactational secretion. The diagnosis of EBT is strongly suggested by the history of cyclical changes during the menstrual period or by initial appearance during pregnancy. Fibroadenoma, are relatively frequent, being the most common benign neoplasm of the breast, generally appearing as well-circumscribed, painless masses in young

women. Histologically, they constitute mixed neoplasm with epithelial and non epithelial components. The epithelial proliferation usually shows ducts of variable shapes and sizes lined by two layers of epithelial and myoepithelial cells. Apocrine metaplasia, squamous metaplasia, or intraductal epithelial hyperplasia may be occasionally seen. EBT is common in masses in the axilla and malignant and benign tumors may develop from this lesion. One of the benign lesions is also fibroadenoma, but its location in the axilla is rare.

### Conclusion

Close surveillance following local excision/biopsy is the preferred management for fibroadenoma in axilla.

### References

1. Aughstee AA, Almasad JK, AL-Muhtaseb MH. Fibroadenoma of the supernumerary breast of the axilla. Saudi Med J. 2000 Jun;21(6):587-9.
2. Burdick AE, Thomas KA, Welsh E, Powell J, Elgart GW. Axillary polymastia. J Am Acad Dermatol. 2003 Dec;49(6):1154-6.
3. Coras B, Landthaler M, Hofstaedter F, Meisel C, Hohenleutner –Fibroadenoma of the axilla. Dermatol Surg. 2005 Sep;31(9 Pt 1):1152-4.

#### Corresponding Author

Dr. Bhargava R

Professor and Head

Department of Surgery, Rama medical college Hospital and Research center, Mandhana, Kanpur

Email: drrajeevbhargava50@gmail.com