VOLUME - 13, ISSUE - 03, MARCH - 2024 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Pathology

AXILLARY FIBROADENOMA – A CASE SERIES

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ABSTRACT The most common benign breast tumor is fibroadenoma among women between 15 to 35 years of age. However a fibroadenoma arising in accessory breast tissue is rare it is important to diagnose this condition in Axilla because of its diverse differential diagnosis.

KEYWORDS : Fibroadenoma, axilla, accessory breast tissue

INTRODUCTION

Breast associated anomalies are more common along the mammary line, which is from the axilla to the pubic region.

Fibroadenoma is usually encountered in 15-25 years of age and can be seen occasionally in older women.

However a fibroadenoma arising in accessory breast tissue is a rare occurrence.

CASE REPORT

We report here a case series of 5 (Five) axillary fibroadenoma (Fig 1) diagnosed on FNAC, confirmed by histopathology.

Case – 1 26 yrs old female presented with an axillary mass of 2 x 2x2 cm with a history of about 8 months , the mass increased in size firm , mobile painless

Case 2 – 34 yrs female painless mobile firm mass in axilla with history of increase in size 2 x 1.5 x 1.5 cm since 1 year

Case 3 – 30 years old female presenting with complaints of mass in the right axilla for one year freely mobile slightly tender, firm 3 x 3 cm size

Case 4 - 20 years old female small mass in left axilla 1.5 x 1.5 x 1.5 cm freely mobile 10 months history, no other abnormality
Case 5 - 29 yrs old female 2x2x2 cm mass in left axilla since 8 months freely mobile, painless.

INVESTIGATION

In all five cases initial investigation was FNAC which showed more or less similar picture in all cases with moderate to highly cellular smears showing monolayered. Clusters of benign, ductal epithelial cell over a background of fair number of bipolar nuclei and fibromyxoid stroma suggestive of fibroadenoma. (Fig 2)

HISTOPATHOLOGY

All 5 Patient underwent excision biopsy of the axillary lump and histopathological evaluation confirmed the diagnosis of fibroaenoma in ectopic breast tissue in axilla. Histopathology showed slit like spaces lined by ductal and myoepithelial cells compressed by stroma. (Fig 3)

DISCUSSION

Diagnosis of Masses in axilla like ectopic breast tissue is important as they undergo similar changes like in the normal breast tissue eg. Pain and discomfort associated with menstruation lactation and pregnancy. This tissue pose a diagnostic dillemma as it needs to be differentiated from lipoma, Phyllodes tumor follicular cyst, lymphadenopathy, hidradenitis, fibrocystic disease, Carcinoma, Intraductal papilloma hamartoma.

Ectopic breast tissues are reported in locations other than the milk line vulva, Perineum, lumbar region, foot & face.

It is to be kept in mind that the most common pathological condition in the axillary tail of spence is reported to be carcinoma 0.1%. Other differential diagnosis of axillary swellings include hidradenitis, ectopic , lymphadenopathy , accessory breast, lipoma, sebaceous cyst,

Follow Up

All the patients were followed up and showed no complication or recurrence

CONCLUSION

In conclusion the presence of breast tissue should be taken into consideration during the evaluation when nodules are found along the mammary lines.

Pathological alterations in accessory breast tissue might manifest as benign or malignant breast disease. These lesions pose a diagnostic dilemma due to increased number of differential diagnosis. Diagnosis should be done using radiological & histopathological and clinical methods Ectopic breast tissue should also undergo routine yearly screening, just like any other breast lesion.

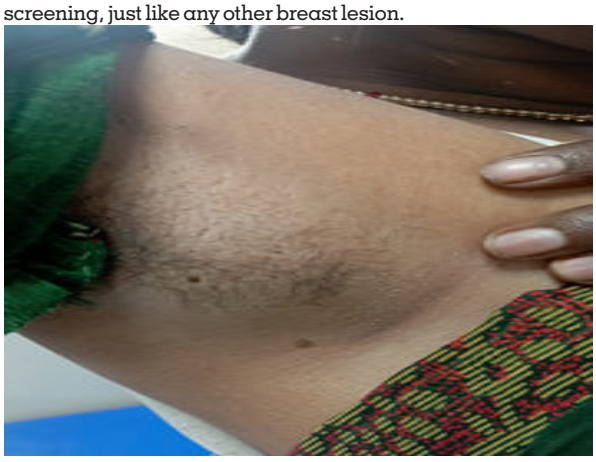

Fig 1 : Lump In Axilla For FNAC

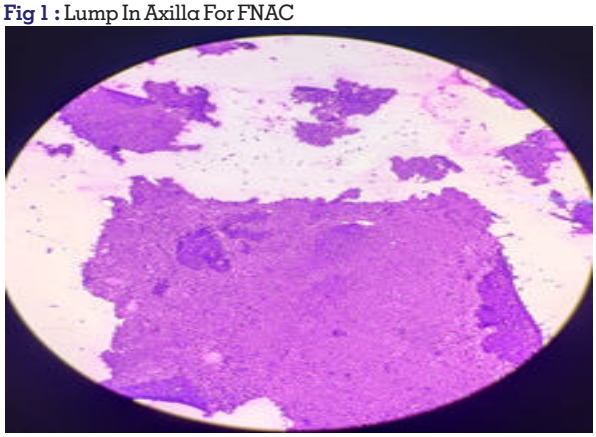

Fig 2 : FNAC showing fibroadenoma (H&E 20x)

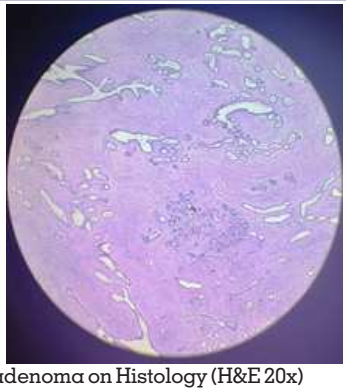

Fig 3 : Fibroadenoma on Histology (H&E 20x)

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