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A Rare Case oF an Accessory Breast in Loin

KEYWORDS: Accessory Breast, Loin, Milk Line.

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ABSTRACT *Accessory breast or polymastia occurs in 0.4 to 6% of women. They consist of any or all components of breast tissue and may be functional or non functional. Approximately 67% of accessory breast occur in thoracic or abdominal portion of milk line just below the infra mammary crease. If found in a location outside the milk line it proves to a diagnostic challenge. Unusual sites include face, lateral thigh, buttock, ear and neck. Diagnosis of accessory breast is important because ectopic breast tissue is subject to all of the diseases that affect the breast such as mastitis, abscesses, milk fistula, cyclical mastalgia, fibroadenomas, fibrocystic disease, phyllodes tumors, paget's disease as well as all varieties of breast cancer. We report a case of 60y female who presented with a large pendulous mass in loin which proved to be an accessory breast – a diagnostic challenge.*

INTRODUCTION:

Mammary glands development starts at 5 weeks of embryologic development; ectodermal mammary streaks extend bilaterally from axilla to groin. Two weeks later, a mammary ridge or milk line develops in the thoracic portion of the primitive streaks and begins to proliferate as a primary mammary bud [1]. This primary bud subsequently begins growth downward as a solid diverticulum into the underlying dermis during the seventh week. By the 10th week, the primary bud begins to branch, yielding secondary buds by the 12th week, which eventually develop into the mammary lobules of the adult breast. Further differentiation into complete breast parenchyma occurs during the remainder of gestation. The remainder of the mammary streak usually regresses [1]; however, incomplete involution can result in foci of accessory breast tissue anywhere along the line that extends from axilla to groin. Diagnosis is important because ectopic breast tissue can undergo the same pathologic changes as normal breasts. Cases of ectopic breast with benign cystic changes, [2] benign tumors (adenomas and fibroadenomas), [3, 4] and carcinoma are documented. [5]

CLINICAL HISTORY:

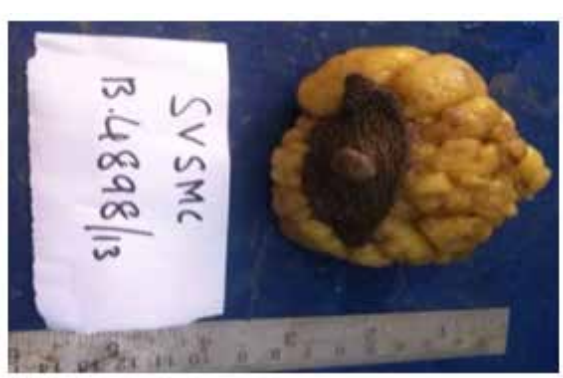
A 65yr old female presented to the Surgical OPD of SVS Medical College and Hospital, Mahabubnagar with complaints of a large pendulous swelling in left loin which was present since childhood. The swelling gradually increased to the present size. On examination a large pendulous mass was noted measuring 9x6cm in left loin area, firm in consistency, mobile. Skin over the swelling showed pigmented area in the centre. A clinical diagnosis of accessory breast was arrived at.

FNAC was done. FNAC aspirate was greasy material. Smears from the swelling in left loin show mature adipocytes seen in groups, sheets and clusters. A diagnosis of lipoma was made. Biopsy was performed.

GROSS:

Received partly skin covered fibrofatty specimen along with nipple areola complex measuring 9x7x2cm.

Cut section: Grey yellow homogenous with focal grey brown areas



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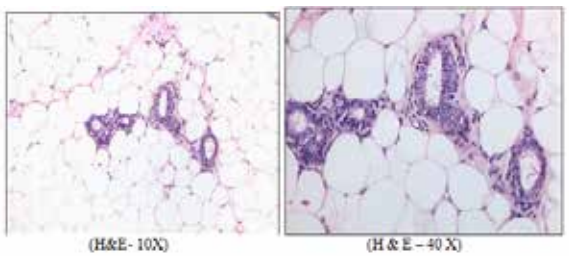
MICROSCOPY:
H & E sections examined showed tissue lined by epidermis with basal pigmentation. Sub epithelium shows predominantly adipose tissue and bands of fibrocollagenous tissue along with few ducts lined by cuboidal type of epithelium similar to mammary gland morphology; features are suggestive of ectopic breast.


(H&E- 10X) (H & E – 40 X)

DISCUSSION:
"Polymastia" is a term that is used to describe the presence of more than two breasts with or without nipple and areola in human beings. It is synonymous with supernumerary or ectopic breast tissue (EBT). It is seen in 0.4-0.6 % of women and 1-3% of males [6, 7] . It is more common in Asian populations than and twice as common in females as in males. Polymastia occurs bilaterally in one-third of affected persons.

Approximately 67% of accessory breast tissue occurs in the thoracic or abdominal portions of the milk line, often just below the infra-mammary crease and more often on the left side of the body. Another 20% occur in the axilla. Supernumerary tissue present in any location other than along the milk line represents a migratory arrest of breast primordium during chest wall development and is termed ectopic breast. There are rare, unusual cases in which they occur elsewhere. Such breasts have been referred to as "mammae erraticae." [8] Unusual locations include the buttock, back of neck, face, flank, upper arm, hip, shoulders, and midline of the back and chest. [8,9] In this case we are reporting another unusual site i.e..loin. There appears to be some genetic contribution to accessory breast tissue, likely through heterogeneous inheritance, with ten per cent of patients having an affected family member. [10]

Polymastia was categorized in 1915 by Kajava, whose classification system still remains in use today.[11, 12]

Class I consists of a complete breast including glandular tissue, nipple, and areola.
Class II consists of only glandular tissue and nipple, without areola.
Class III consists of only glandular tissue and areola, without nipple.
Class IV consists of only glandular tissue.
Class V (pseudomamma) consists of only nipple and areola, without glandular tissue.
Class VI (polythelia) consists of only the nipple.
Class VII (polythelia areolaris) consists of only the areola.
Class VIII (polythelia pilosa) consists of only hair.

However, authors more recently have adopted a simplified system, dividing accessory breast tissue into the following:

- Polymastia: glandular breast tissue in an organised ductal system, communicating with overlying skin.
- Polythelia: accessory nipples and/or areolae. The presence of an areola only or patch of hair only may be further categorised as polythelia areolaris and polythelia pilosa, respectively.
- Aberrant breast tissue: disorganized secretory tissue, unrelatedto the overlying skin.

Misdiagnosis of accessory breast tissue is common and the most common presumptive diagnoses include lipoma,[13] lymphadenopathy, hidradenitis. If doubt exists as to the nature of the tissue, mammography, needle biopsy, or surgical biopsy of the area should be undertaken.

The treatment of choice for symptomatic accessory breast tissue is surgical excision. Excision biopsy and Histopathological examination is diagnostic.

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