ORIGINAL RESEARCH PAPER

General Surgery

Volume - 7 | Issue - 4 | April-2017 | ISSN - 2249-555X | IF : 4.894 | IC Value : 79.96

Rare presentation of patient with bilateral fibroadenoma of breast

KEYWORDS: bilateral fibroadenoma, phyllodes tumor, cystosarcoma, young patients

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ABSTRACT Bilateral fibroadenoma of breast are very rare in young age group. These lesions are well circumscribed, lobulated and can cause ulceration of overlying skin due to rapid growth. Most of the cases diagnosed via trucut biopsy. Treatment modality confined to excision of the mass. Here I report a case of 20 yrs female who came to our institute with rapidly increasing mass of B/L breast.

Introduction:
Breast development is one of the first obvious signs of puberty. Any variation in its normal progression often deserves attention. Virginal hypertrophy, giant fibroadenoma, and cystosarcoma phyllodes are the important differential diagnosis to be considered when one encounters a large breast mass. Although the majority of breast disorders in young patients are benign, the presence of any breast mass frequently raises parental concerns of a potential cancer,juvenile or giant fibroadenoma is a rare pathology usually presenting in adolescence characterized by massive and rapid enlargement of the breast. Distinguishing it from cystosarcoma phyllodes preoperatively is difficult, but is important as they have a different therapeutic approach and different follow-up. We report a case of giant fibroadenoma mimicking phyllodes tumour of the breast in a 24 year old female and discuss the diagnostic possibilities.

Case history:
A 24 years healthy, well built female presented with lump in both breast since last 20 days. The lump were initially small in size and grown to present size. There was history of dull ache in the breasts. No h/o trauma, nipple discharge, fever, anorexia or weight loss. She is being married for last 8 years and have two children of age >5years and her menstural cycles were regular. There was no significant family history.

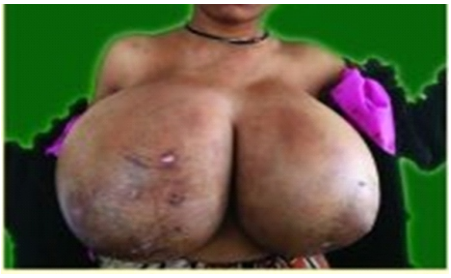
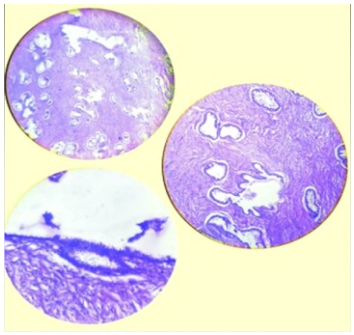


Figure 1: Presentation of patient with bilateral fibroadenoma

On inspection well built and fairly nourished female having bilaterally enlarged breasts(Rt>Lt) with area of skin ulceration overlyng the lump on right side. On palpation both the breast lumps were solitary, well circumscribed and not fixed to deeper structures. Right breast lump measured 22cmX 20cm and Left breast measured 18cm X 16 cms. There was no axillary lymphadenopathy. On auscultataion there was no e/o bruit. On USG there is presence of ill defined huge, hetreroechoic mass lesion seen completely replacing the breast parenchyma with few internal cystic lesions. Focal areas of internal vascularity also seen on color flow.

On FNAC there is benign ductal epithelial cellls arranged in sheets, cluster, antler horn pattern and scaterred singly. Backround showed scattered bare nuclei and benign type of ductal epithelial along with RBCs.



After all routine workup and physician's fitness, the patient was operated under general anesthesia. Total excision of the mass preserving the nipple and areola was done through semicircular incision and closure done.

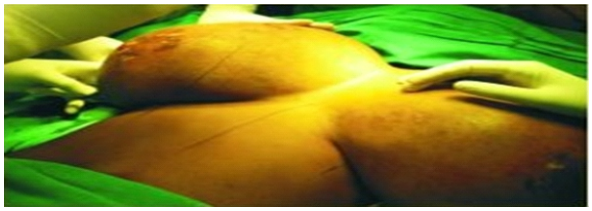


Figure2: Pre-op picture
Patient is asymptomatic with no complications on follow up in the first, second and sixth months.

Cut surface of lobe was tan colored, lobulated with slit like spaces, with intervening grey white fibrous tissues in between the nodules and focal hemorhages.

On HPE revealed fibroconnective tissue proliferation surrounding and compressing the ducts. The ducts are of varying size and shape and lined by single layer of ductal epithelium of benign morphology and surrounded by myoepithelial cells. Adjoining stroma was

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hypercellular. Features were suggestive of giant fibroadenoma breast.

Discussion:

Giant Fibroadenoma in young age group are almost always benign and should be treated with breast conserving surgery. Giant fibroadenoma should be distinguished from phyllodes tumour. The distinction is very important because former should be treated with excision of lump and preservation of normal surrounding tissue. In phyllodes tumor a rim of normal tissues should be included in excised lump. This distinct type of fibroadenoma that tend to occurs in this age group shows hypercellularity of gland and stoma. Giant fibroadenoma constitute about 4 percent of all fibroadenomas in breast. The occurrence of fibroadenoma which is large and at the same time hypercellular should be differentiated from virginal hypertrohy and phyllodes tumor. Sometimes it is difficult to distinguish clinically giant fibroadenoma from phyllodes tumor. Although malignant tumor of breast are rare in this age group two percent of all primary malignant breast lesion occur under the age of 25 years in females.

Most of the times physical examination, imaging like ultrasonography of breasts, mammography and MRI fail to make diagnosis. The stromal hypercellularity should be evaluated more carefully interms of presence of atypical cell. It is also rare for phyllodes tumor to occur in young age groups.

Giant fibroadenoma occuring in both the breast is rare. Sometimes it is difficult to diagnose by FNAC. In our patients, diagnosis was made clinically, sustained by FNAC and confirmed by histopathology. Fortunately majority of these tumor can be removed by simple excision, preserving the nipple and areola, but in certain cases mastectomy is needed. Giant fibroadenoma may recur after complete excision but the chance of recurrence becomes less after third decade.

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