Research Paper

Volume : 3 | Issue : 6 | June 2014 • ISSN No 2277 - 8179

Common Lesion in an Uncommon Site- Unilateral Fibroadenoma with Lactation Changes in Ectopic Breast in Right Labia Majora

Medical Science

KEYWORDS : Ectopic Breast, Labia Majora, Fibroadenoma, Lactation Change

*** Dr. G.J. Vani Padmaja**	Associate Professor, Department of Pathology, Gandhi Medical College, Musheerabad, Secunderabad, Andhra Pradesh, India. * corresponding author.
T.SUNDERI DEVI, M.D	Department of Pathology, Gandhi Medical College, Musheerabad, Secunderabad, Andhra Pradesh, India.
S.Rajyalakshmi	Department of Pathology, Gandhi Medical College, Musheerabad, Secunderabad, Andhra Pradesh, India.

ABSTRACT

Ectopic breast tissue is breast tissue that is found outside its normal location, that is, the pectoral region. After the axilla, Labia Majora in the Vulva is the second most common site for ectopic breast tissue. The development of a fibroadenoma and it having lactation changes in the Labia Majora is rare. The swelling was noticed as there was a sudden increase in size. It is important to remember that ectopic breast tissue can occur at this site and can undergo changes during pregnancy. FNAC offers an accurate and rapid diagnosis of such lesions and one can avoid misdiagnosing it as a neoplastic lesion arising from other tissues of the Labia Majora.

We report a 25 year old female – P1L1, who noticed a swelling in the right Labia Majora.

Introduction

Normally breast tissue is found on the anterior chest wall in the pectoral region. Ectopic breast tissue can occur along the milky line .The axillary region being the most commonlocation [1]. The Labia Majora in the Vulvar region is the second most common location.

Ectopic breast tissue, like the breast tissue in its normal location, is subjected to and responds to hormonal changes. This may cause an increase in size and may be associated with pain. Hence it has to differentiated from neoplastic lesions-both benign and malignant [2] that occur in the vulva.

We present a young, healthy 25 year old female,P_1L_1 who complained of a swelling in the right labia majora. A clinical diagnosis of Lipoma was made and FNAC was advised.

On examination the patient was postnatal and was breast feeding the new born. There was sudden increase in size of the swelling since 1week, which could be due to hormonal effect [3].

The swelling was 6x4x3cms in size. FNAC [4] was done and thick white greasy blood stained material was obtained.

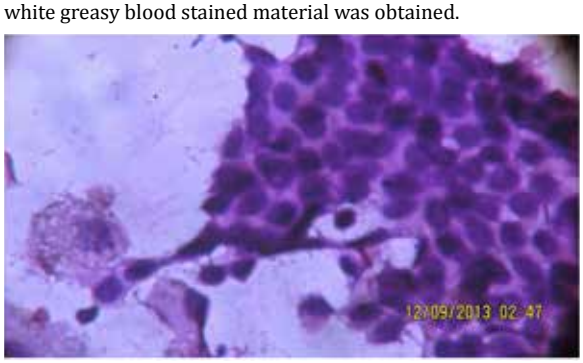


Figure 1 Figure:1(10x)H&E stained FNAC smears show -benign duct epithelial cells in monolayered sheets and clusters with bare nuclei along with plenty of foamy macrophages in a proteinaceous background.

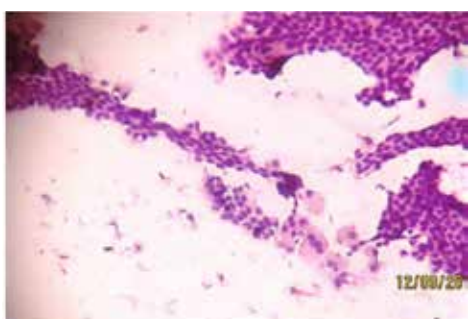


Figure:2 (40x)Same as above

Smears studied showed moderate cellularity, with plenty of foamy macrophages, benign duct epithelial cells in small monolayered sheets and clusters with apocrine change along with scattered bare nuclei against a proteinaceous background. A diagnosis of

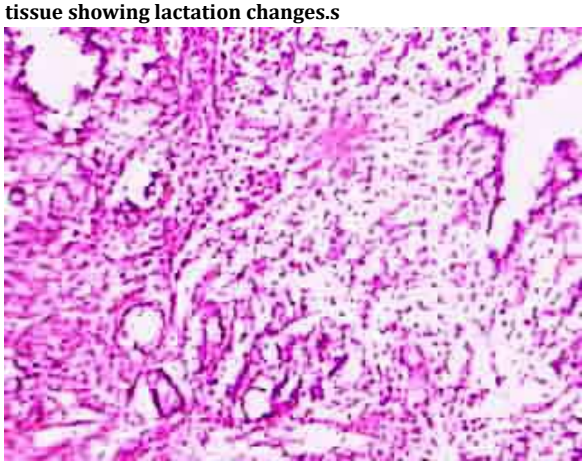
Fibroadenoma with Lactation changes in Ectopic breast tissue in Labia majora was made.

Grossly the specimen of the excision biopsy measured 4x3x2 cms.It was a single globular skin covered grey white firm mass with smooth surface. Cut surface showed a well encapsulated mass with solid and cystic areas.

The histopathological examinationconfirmed [5] the FNAC diagnosis of Fibroadenoma with Lactation changes in Ectopic breast tissue in Labia majora.

Figure:3 HPE(10x)H&E stained sections studied shows stratified squamous epithelium with breast tissue showing features of fibroadenoma with lactation changes

Figure:4(10x)H&E stained sections studied shows breast tissue showing lactation changes.s



Discussion

Neoplastic lesions of the vulva include Bartholin cysts, Vascular lesions like Lymphangiomas, skin lesions like Hydradenoma Papilliferum, Soft Tissue Tumors like Lipoma which was the clinical diagnosis of this case and malignant tumors like Squamous Cell Carcinoma, which is the most common malignant tumor of vulva, MalignantMelanoma, Basal Cell Carcinoma, Paget's disease, Sarcoma and others like Adenocarcinoma and metastatic deposits.

The cytomorphological features of Fibroadenoma with Lactation changes in breast tissue on FNAC [4] alone are diagnostic ,but since a clinical diagnosis of Lipoma was made the histopathological examination was done which confirmed the diagnosis given on FNAC [5]. Di Gilio et al [3] suggested that the rapid increase in size is due to a possible hormonal effect.

Lactating adenomas can occur during puerperium due to increase in number and size of alveoli and they regress spontaneously after lactation [6].

Mammary structure, originates from the persistent mammary streaksand develops during the early embryonic development. It extends from the axilla to the groin. Ectopic breast tissue may also represent apocrine sweat glands commonly found in the anogenital region and mimic mammary glands histologically [7] .

Hormones such as estrogen, progesterone and prolactin cause proliferation of breast tissue. Initiation of breast feeding can lead to sudden increase in size and pain due to elevated prolactin levels.

MRI findings of lactation are increased signal intensity and vascularity [8]and those of fibroadenoma are smooth margins with hypo or iso intense areas. Apocrine secretions, intracytoplasmic vacuolations with cystic change also suggest lactation changes[9].Only 38 cases of ectopic breast have been reported so far of which only 10 are unilateral.[10].

To conclude Labia Majora is the second most common site for ectopic breast tissue in which fibroadenomas can arise and can show lactation changes. Hence, have to be differentiated from other neoplastic conditions native to the vulva. FNAC offers effective, accurate and rapid diagnosis[4] and in this case correlated with histopathological findings [5] .

REFERENCE

1) E.-S. Lee and I. Kim, "Multiple vulvar lactating adenomas," Obstetrics and Gynecology, vol. 118, no. 2, pp. 478–480, 2011. | 2) Y. O. Tüzün, B. Engin, and R. Wolf, "Distribution and arrangement of multiple lesions in the anogenital region," Clinics in Dermatology, vol. 29, no. 2, pp. 162–172, 2011 | 3) A. R. Di Gilio, G. Cormio, L. Resta et al., "Rapid growth of myxoidleiomyosarcoma of the vulva during pregnancy: a case report," International Journal of Gynecological Cancer, vol. 14, no. 1, pp. 172–175, 2004. | 4) Kapila K, al-Rabah NA, Junaid TA. Ectopic breast tissue on the vulva diagnosed by fine needle aspiration.ActaCytol. 1998;42(6):1480–1481. doi: 10.1159/000332190. | 5) Andola SK, Andola US, Ahuja M. Ectopic Mammary Tissue in Unusual Sites – Cytological Diagnosis with Histopathological Correlation – A Report of 2 Cases.. Asian J Med Res. 2012; 1(2): 32-34. | | 6) T. P. Baker, J. T. Lenert, J. Parker et al., "Lactating adenoma: a diagnosis of exclusion," Breast Journal, vol. 7, no. 5, pp. 354–357, 2001. | 7) S. C. J. van der Putte, "Anogenital "sweat" glands: histology and pathology of a gland that may mimic mammary glands," American Journal of Dermatopathology, vol. 13, no. 6, pp. 557–567, 1991. | 8) A. C. Talele, P. J. Slanetz, W. B. Edmister, E. D. Yeh, and D. B. Kopans, "The lactating breast: MRI findings and literature review," Breast Journal, vol. 9, no. 3, pp. 237–240, 2003. | 9) D. V. Kazakov, D. V. Spagnolo, D. Kacerovska, and M. Michal, "Lesions of anogenital mammary-like glands: an update," Advances in Anatomic Pathology, vol. 18, no. 1, pp. 1–28, 2011. | 10) SantoshkumarNagnathDeshmukh, Audumbar N. Maske, Akshay P. Deshpande, and Shweta P. Shende "Unilateral Ectopic Breast Tissue on Vulva in an Adult Female" Indian J Surg. 2012 August; 74(4): 340–341.Published online 2012 February 24. doi: 10.1007/s12262-012-0413-z |