



Accessory nipples- Review of literature with a case report

General Surgery

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ABSTRACT

Polythelia is one of the commonest presentation of accessory breast. They are usually found along the milk line. Sometimes they harbor malignancy so need to be considered in discussion. In this article there is a case report on accessory breast with review of literature.

KEYWORDS:

Accessory nipples.

Case history

A 20 years old female patient presented to OPD having complains of 2 extra nipples apart from normal breast and nipples. On both sides, there were accessory nipples 5cm below from normal nipples (fig.1). There was no other relevant history. On clinical examination and investigations, it was found to be a case of isolated polythelia. Patient was counseled for excision because polythelia sometimes hold a risk of having breast cancer so prophylactic surgery is advisable.



Fig. 1

Introduction

Polythelia is the most common presentation of accessory breast tissue. It can present anywhere along primitive mammary ridge from axilla to groin. Incidence is 0.22 to 5.6% in general population. Approximately one third of affected individuals have more than one site of supernumerary breast tissue development. These are more common in males. 67% of accessory breast tissue occurs in the thoracic or abdominal portions of the milk line, often just below the inframammary crease and more so on the left side. Another 20% occurs in the axilla. The remaining occur anywhere along the milk

line or in the buttock, back, face, and neck and foot. The risk of developing breast cancer is same as in normal breast.¹ The First medical report of supernumerary nipples dates back to 1878 by Leichtenstern.²

Kajava has described eight different types of aberrant breast tissue in his literature in 1915:

1. Complete supernumerary nipple-Nipple, areola, and glandular breast tissue
2. Supernumerary nipple-Nipple and glandular tissue (no areola)
3. Supernumerary nipple-Areola and glandular tissue (no nipple)
4. Aberrant glandular tissue only
5. Supernumerary nipple-Nipple and areola and pseudomamma (fat tissue that replaces the glandular tissue)
6. Supernumerary nipple-Nipple only (the most common supernumerary nipple)
7. Supernumerary nipple-Areola only (polythelia areolaris)
8. Patch of hair only (polythelia pilosa)³

Accessory nipples may be associated with miller syndrome, becker nevus syndrome, beckwith-widemann syndrome, birt-hogg-dube syndrome, incontinentia pigmenti, hailey-hailey disease and spina bifida occulta.

Excision is indicated for diagnosis, treatment or cosmetic reasons. In the literature, the evidence of these anomalies suggests that they could be markers for others, most notably urologic malformations and malignancies. Alghamdi and Abdelhadi questioned the excision of accessory breast tissue. In their series, 233 women were found to have an axillary accessory breast and 66 (28%) underwent surgical

excision, mainly due to cosmetic concerns but also due to pain in some cases. In 62% of these cases, the excised specimen was normal breast tissue. There was one case of fibroadenoma and one case of invasive ductal carcinoma in their series. While accessory breast tissue is in an abnormal location, it has the potential to undergo both benign and malignant transformation and must be monitored.⁴ A protruding (or erectile) supernumerary nipple that causes the patient embarrassment can be easily removed surgically, if desired. Most excision are due to polymastia or complete ectopic supernumerary nipples (with breast tissue) but ideally it is indicated in those having high risk of developing breast cancer. To avoid an unsightly scar in those having significant breast tissue liposuction has been suggested.⁵ In our case report surgical excision was planned because of cosmetic purpose.

References

1. Girish Byadarahally et al polythelia or supernumerary nipple – a case report. Indian journal of current research and review. 2013; 5(18):22-25.
2. Leichtenstern D. Uber das Vorkommen und Bedeutung Supernumerarer (accessorischer) Bruste und Brustwarzen. Arch Pathol Anat Physiol Klin Med. 1878;73:222.
3. Kajava Y. The proportions of supernumerary nipples in the Finnish population. The Duodecim Medical Journal. 1915;1:143-70.
4. H. Alghamdi and M. Abdelhadi, "Accessory breasts: when to excise?" Breast Journal. 2005;11(2):155-7.
5. Fan J. Removal of accessory breasts: A novel tumescent liposuction approach. Aesthetic Plast Surg. 2009;33:809-13.