ORIGINAL RESEARCH PAPER

Volume-8 | Issue-2 | February-2019 | PRINT ISSN No 2277 - 8179

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

LIPOMA OF MALE BREAST ; CAUSE OF ASSYMETRY

General Surgery

Brijesh Kumar Singh Mch (Breast and Endocrinology) AIIMS ,New Delhi

Kusum Meena* Professor, Department of Surgery, Lady Hardinge Medical College, New Delhi
*Corresponding Author

ABSTRACT

Male patients presenting with unilateral or bilateral breast enlargement is a most common problem for which they seek surgical consultation.Any lump in male breasta always needs histological confirmation to rule out malignancy.The disease pattern of male breast in benign scenario is different from females as compared to malignant which is more or less same. Gynaecomastia is female pattern of breast in males.Cosmetically bothersome lesions needs surgical corrections.Liposuction is minimally invasive procedure having good result in unilocular lipomas but not so promising in multilocular lipomas. We are reporting a case of large lipoma of right breast which was excised with right submammary incision with optimum cosmetic results.

KEYWORDS

Lipoma, Male breast

INTRODUCTION

Lipoma is the commonest benign soft tissue neoplasm of mature adipose tissue.As it is termed universal tumour it can occur at any anatomical site where fat is present,however it has less commonly been reported in male breast. The incidence of males presenting with breast related complaints (lump,pain or both)consitutes only 2.4% on patients undergoing diagnostic imaging.(1) About 98.4% of all male breast lesions are benign out of which most common is gynaecomastia (95.8%). Gynaecomastia is common in newborn and seen in prepubertal boys and men over 50 years of age.The usual presentation of gynaecomastia is subareolar mass which is soft ,compressible and mobile and not associated with skin dimpling and retraction of nipple.Gynaecomastia can be unilateral or bilateral and some times showing distinct pattern like ,nodular,dendritic or diffuse.Although lipoma is the most common benign tumour of the male breasts,only handful of cases have been reported in past.A giant lipoma is defined as a lesion that measures 10 cm at least in one dimention and weight more than 1000gms.Epidermal inclusion cyst can be one of the differential for male breast lesions which can typically arises from obstructed or occluded hair follicle and can grow to very large size.

we are reporting an interesting case of unilateral breast enlargement in a male which was later diagnosed to be lipoma.

Case presentation

A 48 year old male presented to out patient clinic with the slowly progressing enlargement of his right breast for two years.There was no history of trauma ,pain in breast ,jaundice,diabetes mellitus,intake of medicines or weight loss.On examination patient was well built with general physical examination with in normal limits.The right breast was enlarged and firm,non tender,a mobile lump of 6x5cm was palpable in the outer lower quadrant.The mass was lying superficial to pectoralis major and seperate from nipple.Examination of bilateral axilla and left breast were essentially normal.Routine blood investigations were normal. Ultrasonography of breast showed well circumscribed mildly hyperechoic mass of 5.5 x4.6 cm suggestive of lipoma of right breast .Left breast showed normal fibrofatty and glandular elements on ultrasonography.

FNAC from the lump revealed mature normal fat cells consistent with lipomatous lesion .A diagnosis of lipoma of right breast was made.Operative findings included an encapsulated multilobular lipoma lying superficial to pectoralis major muscle and part of serratus anterior.Histopathology was cosistent with lipoma.Patient was discharged on 5 th postoperative day and remained well in follow up.

DISCUSSION

Normal adult male breasts are composed of skin,predominently subcutaneous fat and few residual ducts and stroma due to involution and atrophy.It results from male androgenic antagonistic effects as compared to proliferative effects of estrogen on the female ducts and stroma.Lipoma is the most common benign tumour of the male breast arising from mature fat cells.(2) Lipoma of the breast in the males is rare diagnosis.It constitute only 1.25% of all male breast diseases.(3)Lipoma usually present as unilateral asymptomatic enlargement of the breast as in the present case .(4,5,6,7)It manifest as a soft ,nontender,palpable mass.(8) It appears as, well encapsulated ,radiolucent fat density lesion on mammography. Gynaecomastia usually involves subareolar region. in our case the mass involved the outer lower quadrant sparing nipple areola complex.Our patient did not undergo mammography.Lipoma is visualised as mildly hyperechoic ,relatively avascular oval mass with posterior acoustic enhancement with an encapsulated margin at ultrasound.However ,it may also be hyperechoic or isoechoic relative to subcutaneous fat.(1) The principal histologic features are mature adipose tissue surrounded by a delicate fibrous capsule in the absence of ducts and lobular units.The differential diagnosis for lipoma on mammography is fat necrosis.History of trauma and features such as coarse or dystrophic calcification helps in differentiating two conditions.Management includes observation and surgical excision only for a cosmetically unacceptable appearance.Liposuction is another treatment option but carries mixed results in terms of recurrence rate .Liposuction can be complicated by large hematomas and regrowth.(9) As one series reported high rate of recurrence so Silistrelli,Sanchez and Copcu et al stated that standard treatment should be excison .Endoscopic assisted suction renders better removal of lipoma under direct visualization .(10)Removal of big lipomatous lesions should be performed through open surgery as it allows better visualization for complete removal,propensity for lesser recurrence,reduced chances of dissemination of malignancy if it is there.

CONCLUSION

unilateral breast enlargement is more likely to be associated with local lesion than systemic causes.

Painles slowly enlarging mass in a more likely to be lopoma.
surgical excision is the treatment of choice.

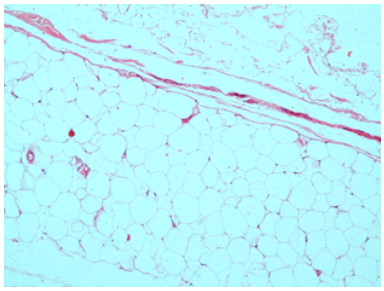

Fig 1 Photomicrograph of male breast lipoma

Fig 2 Specimen

REFERENCES

1) Iuanow E,Kettler M,Slanetz PJ. Spectrum of diseases in male breast.AJR Am J Roentgenol.2011 Mar;196(3):w 247-59
2) Chen L,Chantra PK,Larsen LH et al.Imaging characteristics of malignant lesions of the male breast .Radio Graphics 2006;26(4): 993-1006
3) Rong X,Zhu Q,Jia W,Ma T,Wang X,Guo N,Ji H.Ultrasonographic assessment of male breast disease.breast J.2018 Jan 8.
4) Holland TE.Lipoma of male breast .Can Med Assoc J. 1935 jan ;32(1):74
5) Groh O,In't hof K. Giant lipoma of the male breast :case report and review of literature.Eur J plast Surg.2012 May;35(5):407-409
6) Shcherbakov II.Large lipoma of the breast in a male.Vestn Khir Im Grek 1970 Jun;104(6):131
7) Schotman M,Van Duijnhoven FH.A man with a swollen right breast.Ned Tijdschr Geneeskd.2013;157(26)A6149
8) Kopans DB.Breast Imaging .Philadelphia,Pa:Lippincott Williams &Wilkins,2007.
9) Sanchez MR,Colomb FM,Moy JA.Giant lipoma:case report and review of literature.J Am Acad dermatol.1993;28 266
10) Hallock GG.Endoscopic assisted suction extraction of lipomas. AnnPlast Surg1995:34;32-34