

SPINAL DYSRAPHISM PRESENTED AS LUMBAR ECTOPIC BREAST: A RARE CASE

Neurosurgery

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KEYWORDS

Ectopic Breast, Spinal Dysraphism, Polythelia

INTRODUCTION

Ectopic breast is a congenital disorder where abnormal additional breast tissue is found. Synonyms are known as supplementary breast polymastia and mammae erratae. It is an embryological disorder and can present anywhere along the milk line with majority are located in axilla. Presence of additional nipple is known as polythelia. Spinal dysraphism is a congenital disorder where incomplete fusion of mesenchymal tissue bone or neural element of spine. We report a case of spina bifida L2-S1 with tethered cord with additional breast with two nipples in a 12 year old girl. Patient does not have symptoms except accessory breast. This is a very rare presentation of spinal dysraphism and this third reported case of literature as per our knowledge.

CASE REPORT

A 12 year old female presented to us with swelling over left lumbar region close to midline. This swelling was present since birth and progressively increased over the years to attain the present size 8x8 cm with two well formed nipple and areola over the swelling (additional breast). Patient does not have any symptoms pertaining to spinal dysraphism like motor/sensory deficit and bowel bladder incontinence. On examination soft to firm non tender non pulsatile swelling size around 8x8 cm in the lower lumbar region close to midline. There were two distinct nipples with surrounding areola over the swelling. A floating bony structure can be felt underlying swelling. There was no discharge from the swelling. Figure no.1 showing the pre operative picture of left lumbar swelling. Pectoral breast were normal and no lymphadenopathy seen. Magnetic resonance imaging of lumbosacral spine revealed spinal bifida at L2- S1 level with dysplastic posterior elements. Swelling of 8x8 cm seen over left lumbar region from L1-S1 with large fatty subcutaneous mass. Subarachnoid space of lumbar region was normal and there was no herniation of meninges through spina bifida. The spinal cord was low lying at L4-L5 level. Patient was operated and removal of accessory breast, aberrant bony structure, laminectomy L2-L5 and detethering of cord. Figure no.2 showing the picture of excised left lumbar swelling with aberrant bone. Post op course was uneventful and patient was discharged from ward at 8th post operative day. Biopsy confirms presence of accessory breast and bony trabeculae.

DISCUSSION

Spinal dysraphism presented with spinal anomaly resulting from failure of fusion of surface ectoderm and neuroectoderm during 3-8th week of embryonic life. A variety of cutaneous lesion like port wine stain, hemangioma, hypertrichosis, lipoma and dermal sinus may be associated with such type of lesion. Symptoms may be low backache, paresthesia, weakness of lower limbs, scoliosis, congenital talipes equinovarus and bladder bowel incontinence. In the present case report patient does not have any symptoms except accessory breast.

Incidence of accessory breast in female population 2-6%.¹ Various theory are described in literature for occurrence of accessory breast.

Darwin's theory reappearance of traits which have disappearance in previous generation.² Pfeiffer's theory suggested of metaplasia of sweat or modified sweat gland.³ Hughes's theory suggest migration of primordial breast cells away from mammary crest.⁴ Schultz's⁵ theory revealed of displacement of milk line laterally and caudally as in our case. Kajava classify accessory breast into six types.⁶ In the present case a well formed breast with two nipple and areola is found. In the literature various studies shows supernumerary nipple may be present at birth with ectopic breast development at puberty, pregnancy, and lactation.⁷ In our case age of menarche was 11 year and swelling had become more prominent after that. Ectopic breasts are prone to risk of developing breast diseases like abscess, mastitis, fibroadenoma and fibrocystic disease of breast. Ectopic breast may also associated with abnormalities of urinary tract like poly cystic kidney disease, hydronephrosis and ureteric stenosis.¹⁰ In our case patient's both kidney were normal which was confirmed with ultrasonography. We remove accessory breast tissue and aberrant bony structure and detethering of cord to prevent further neurological deterioration during adolescence and pregnancy. Charandeep S. Gandhioke et al reported a dorsal accessory ectopic breast with polythelia in case of spinal dysraphism.⁸ Vipin et al reported a dorsal ectopic breast in spinal dysraphism.⁹

CONCLUSION

Low back ectopic breast a rare entity, whenever present possibility of spinal dysraphism should be ruled out. Low back accessory breast can be considered as a marker of occult spinal dysraphism.



Figure: 1 Showing preoperative ectopic breast

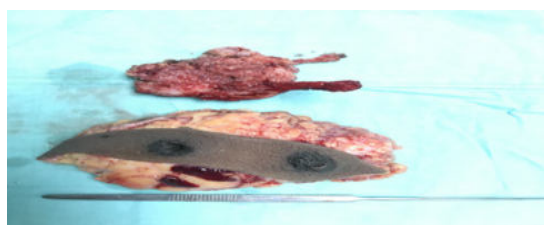


Figure: 2 Showing operative specimen ectopic breast tissue and aberrant bone

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