ORIGINAL RESEARCH PAPER
Volume - 13 | Issue - 04 | April - 2024 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

AXILLARY SWELLING - A CAUTIOUS APPROACH TO DIAGNOSIS IN FEMALE (CASE REPORT)

General Surgery

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ABSTRACT

Ectopic breast tissue occurs in about 0.4% to 6% of the population. It may have varied presentation. It develops along the milk line from axilla to groin. Here, we present a case of 32 year old female having ectopic breast tissue (fibroadenoma) in axilla which presented as axillary lump.

KEYWORDS

Ectopic breast tissue (EBT), Polythelia, Polymastia, Fibroadenoma, Ultrasonography

INTRODUCTION

Swelling in axilla, particularly in females, should always be treated with caution as they may be related with breast cancer manifesting as nodal metastasis.

Ectopic breast tissue (EBT) has varied presentation like polythelia or polymastia, and can be associated with other organ system anomalies like renal abnormalities. Polymastia is as such rare, with an incidence of around 6% [1], and development of fibroadenoma in axillary polymastia, is an uncommon event.

Here, we describe a case of a woman who had left sided axillary swelling that looked like lymphadenopathy but was really a fibroadenoma.

Case Presentation

A 32-year-old female presented with a lump in the left axilla for the past one year. It was 2 cm in size when she first noticed it and has increased slowly in size over time.

There was no history of rapid growth in size or changes in bilateral breast or any discharge from the nipples. On examination, the swelling was in the left axilla of size 4 x 3 sq.cm, oval in shape with well-defined margins, firm in consistency, mobile with no skin fixity or fixity to underlying structures.

There was no other lump in bilateral breasts and contralateral axilla or any other systemic abnormalities.

Fig 1: Pre Operative View Of The Swelling

Ultrasonography of the lump was done and it was reported to be an axillary lymphadenopathy but histopathology (FNAC) reported it as a fibroadenoma.

Patient was optimized and planned for surgery. Excision of the lump was done, the cut section of which revealed a grayish white tumour. It was sent for a histopathological examination, which showed intracanalicular and peri-canalicular patterns of glands lined by cuboidal to low columnar epithelial, with fibromyxoid intervening stroma, confirming the diagnosis of fibroadenoma. There was no evidence of malignancy. The recovery period was uneventful and was discharged on the third postoperative day, without any complications.

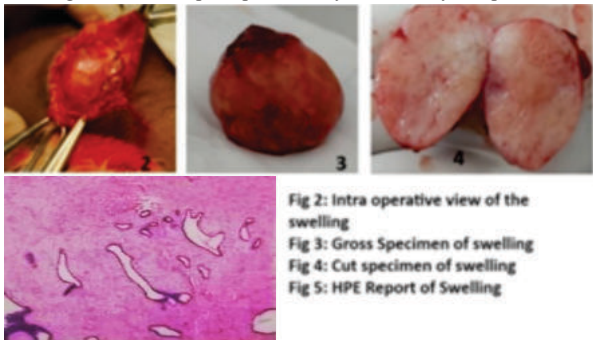

Fig 2: Intra operative view of the swelling
Fig 3: Gross Specimen of swelling
Fig 4: Cut specimen of swelling
Fig 5: HPE Report of Swelling

DISCUSSION

Ectopic breast tissue arises along the milk line going from the mid axilla to the medial groin when breast tissue appears elsewhere than the two pectoral areas. [2,3]

EBT occurs in about 0.4% to 6% of the population [2]. Axillary breast tissue is the most common variant of supernumerary breast tissue [4]. It is mostly bilateral, and growth is the most rapid during pregnancy [5].

EBT behaves like normal breast tissue, hence, all breast pathologies ranging from benign to malignant, can occur [6].

Kajava, in 1915, published a classification for EBT, which is still in use, ranging from classes I to VIII, with class I being complete breast, including glandular tissue, nipple, and areola, and Class VIII being hair without breast tissue, nipple, or areola.

The clinical presentation is quite variable, mostly being asymptomatic, until pregnancy and puerperium [5]. There might be periodic tenderness or discomfort over a mobile mass, or local irritation, or even restricted movement in some cases [7]. Lactation can occur through the skin pores overlying the EBT [8].

Although fibroadenoma is a common breast lump in young women, it rarely occurs in EBT, with only 49 reported cases in English literature [9]. The clinical presentation usually ranges from pain, tenderness and discomfort in a palpable lump that is firm in consistency, well-defined, tender/non tender, freely mobile [9].

It has also been linked to urinary tract abnormalities like polycystic kidney disease, which is explained in part by the parallel development of mammary tissue and the genitourinary system [3]. Cardiac pathologies (congenital heart defects), hypertrophic pyloric stenosis and skeletal abnormalities (vertebral anomalies, polydactyly) have also been reported [10].

Diagnosis is generally done by ultrasonography (USG), and if it is an axillary EBT, then mammogram should also be done [6]. USG shows EBT like a normal breast tissue, with fibroglandular components and fat. MRI of the EBT is done in cases of nonspecific tissue masses, to depict the exact characteristics of the lesion and also to ascertain the depth of invasion into the surrounding structures.

Histopathological analysis is important for ascertaining the type of tissue and henceforth, the treatment, as in our case, it was a fibroadenoma [11].

Management of EBT is done based on the clinical presentation, radiological findings and histopathological analysis. Asymptomatic cases usually undergo conservative management, and require regular follow up[6,7]. In case of symptomatic and resectable diseases, surgical excision is contemplated. Chemotherapy and radiotherapy are also required, if breast cancer is detected, as per protocols of treatment.

In case of fibroadenoma, the recommended treatment is surgical excision, for both cosmetic reasons and as a preventive measure for future invasive carcinoma, in such lesions [12].

CONCLUSION

EBT is a rare condition and poses a diagnostic challenge to the surgeons. It should always be considered when such masses are seen near the native breast tissue. This case was described because of its rarity and to emphasize the significance of screening for EBT pathology during regular breast screening.

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