



## A Rare Case of Fibroadenoma With in Situ Ductal And Lobular Carcinoma

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**ABSTRACT**

**Introduction:** Fibroadenoma is the most common benign neoplasm in women between 15 and 35. Rare cases of invasive or in situ carcinoma arising in fibroadenoma have been reported.  
**Case report:** A 44 years old lady presented with a history of gradually enlarging lump in left breast since 8 years with recent onset non cyclical mild pain. Fine needle aspiration cytology and mammogram done outside suggested benign lesion. After discussing the possible management options, we took her for wide local excision and frozen section. Frozen section reported a benign lesion. Patient was discharged on second postoperative day and asked to follow up a week later. Final histopathology came as In situ ductal and lobular carcinoma arising in a fibroadenoma. Patient is currently on Raloxifene prophylaxis and follow up with repeated MR mammogram  
**Conclusion:** Invasive and in situ carcinoma has been known to arise in fibroadenoma. High index of suspicion should be maintained in woman older than 35 presenting with a fibroadenoma.

<b>KEYWORDS</b>	Fibroadenoma, Ductal carcinoma in situ, Lobular carcinoma in situ
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**Introduction:**  
 Fibroadenoma is the most common benign tumor of female breast in women aged between 15 and 35. It can be accompanied with fibrocystic changes, adenosis, calcifications, and proliferative epithelial changes. Rarely Lobular and Ductal invasive or non invasive carcinoma may occur within fibroadenoma.

The first case of a carcinoma arising in a fibroadenoma was described in 1931 by Cheattle and Cutler. <sup>[1]</sup>

**Case report:**  
 44 years old lady came with a history of breast lump since 8 years. There was history of gradual increase in size associated with recent onset mild non cyclical pain. There was no history of discharge, similar lump elsewhere, any trauma, fever or menstrual abnormalities. On obstetric history she had a full term normal delivery 14 years ago. She breast fed for one year and had no problems with breast feeding.

On examination she had a 6cm\*4cm well circumscribed mobile lump in the outer lower quadrant of the left breast without any tethering to skin or underlying breast tissue. No axillary or subclavicular lymphadenopathy was noted. There was no evidence of metastasis on clinical examination.

Patient had a mammogram and fine needle aspiration cytology done from centre which were suggestive of a benign lesion and fibroadenoma respectively.

In view of the age of the patient, we suggested a core needle biopsy but patient preferred to go directly for lumpectomy with frozen section

After discussion of the possible outcomes, we did a wide local excision.

Frozen section suggested a benign pathology.

Histopathology report suggested fibroadenoma with focal areas of Lobular and Ductal carcinoma in situ. [Image 1&2]

We counselled the patient and she agreed to stay under periodic surveillance with MR mammogram every 6 months. We put her on prophylactic Raloxifene therapy.

In a follow up of 16 months, there has not been any evidence of recurrence.

**Discussion:**  
 The incidence of carcinoma within fibroadenoma is extremely rare. Different studies report incidences between 0.1%-0.3% with peak age of occurrence between 42-44 years.

Preoperative diagnosis of the lesion is difficult as the presentation is similar to that of benign fibroadenoma. FNAC or core needle biopsy may often miss the carcinoma because of its heterogeneous nature. About two thirds of the carcinoma have lobular morphology. The rest are ductal or mixed ductal and lobular. <sup>[2-3]</sup>

The biological behaviour of a carcinoma arising in fibroadenoma is not any different from that of breast cancer unrelated to fibroadenoma. <sup>[2-3]</sup>

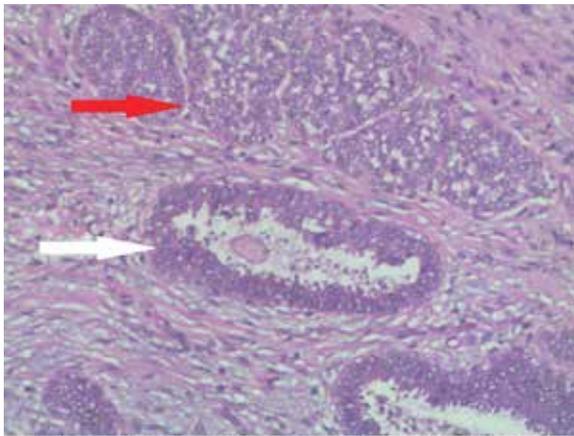
The treatment of invasive carcinoma of breast within fibroadenoma is similar to that of carcinoma of breast. However, the

treatment of in situ cancer within fibroadenoma is less well defined.

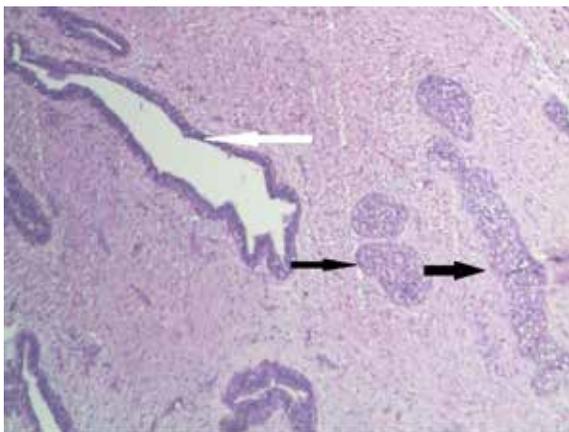
Excision followed by surveillance or mastectomy have been used to treat lobular carcinoma in situ in a fibroadenoma. In one series of 16 patients treated with local excision, 2 developed recurrence. One after 3 years and another after 5 years.<sup>[2]</sup> In another series of 28 patients, 10 were treated with local excision out of which 2 had recurrence, later successfully treated with mastectomy. Out of 18 patients who were initially treated with mastectomy, none had recurrence. In a follow up ranging from 0.2 to 26 years, 27 patients were alive. One death was due to unrelated cause.<sup>[3]</sup>

**Conclusion:**

Due to heterogeneity of the lesion, FNAC is not a reliable diagnostic tool for carcinoma within fibroadenoma. So, special caution should be taken in women older than 35 years presenting with a clinical diagnosis of fibroadenoma and a wide margin of excision should be obtained.



**Image 1: Area of Fibroadenoma (white arrow) and area of LCIS (red arrow) in 40x magnification**



**Image 2: Area of Fibroadenoma (white arrow) and areas of DCIS (black arrows) in 10x magnification.**

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