



## FIBROADENOMA A COMMON LESION AT TWO UNCOMMON SITES - 2 CASE REPORTS

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### ARTICLE INFO

#### Article History:

Received 5<sup>th</sup> February, 2018  
Received in revised form 24<sup>th</sup>  
March, 2018  
Accepted 18<sup>th</sup> April, 2018  
Published online 28<sup>th</sup> May, 2018

### ABSTRACT

Ectopic breast tissue is a well-documented and commonly presents along the embryonic milk line extending between the axilla and groin. Reported incidence of accessory breast is 0.4-6% in females. During 2017, we encountered two cases at our hospital. We present one case of fibroadenoma in ectopic breast tissue (EBT) in axilla and second one in vulva. Fibroadenoma of ectopic breast tissue (EBT) is rare, but now should be kept in mind for differential diagnosis of an axillary mass or a vulval mass.

#### Key words:

Axilla, vulva, fibroadenoma, ectopic breast tissue

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### INTRODUCTION

The presence of mammary like tissue in vulva & axilla are considered ectopic in nature. They are called ectopic breast tissue. Aberrant breast tissue may occur anywhere along the embryonic milk line. Axilla & vulva also lie along the milk line. In vulva, the Fibroadenoma is rare mesenchymal lesion. It was described firstly by Hartung in 1872<sup>1</sup>. These are most frequently noted in pregnancy and lactation<sup>2</sup>. Axillary breast tissue is common variant of ectopic breast tissue. It can be seen during or before puberty<sup>3</sup>. We present 2 cases of Fibroadenoma of ectopic breast tissue in our hospital in 2017.

#### Case 1

A 17 yr old young girl came to surgical OPD. She had an axillary mass. It was around 4X3 cm deep in axilla. The mass was painless, firm, freely mobile and not associated with breast. There were no lymph nodes in axilla. Both the breasts & nipples were normal. The radiological findings depicted a homogenous mass which was hypo echoic. The surgeon suspected lipoma or Lymphoma. FNAC was taken. It showed few adipose tissue fragments. Then the surgeon removed the mass and sent for histopathology. The sections from the mass showed biphasic proliferation of both stromal and epithelial components. The stromal proliferation was compressing the epithelial structures into clefts. The final diagnosis of Fibroadenoma was given.

#### Case 2

A 28 year old lady was admitted with a vaginal discharge & sudden increase in vulval swelling. She had that mass since 1.5

yrs. It was painless & small. Suddenly it increased in size. The gynecologist made a clinical diagnosis of benign adnexal tumor versus lipoma. The mass was excised & sent for histopathological examination. Grossly it was a grey white nodular mass of 3.8 × 2 × 1 cms covered partially by skin. Cut section was encapsulated solid grey white lobulated mass. On Microscopy it showed proliferating fibrous stroma in a peri and intracanalicular pattern. The ducts and tubules were lined by two cell layers: a luminal epithelial cell layer and an underlying layer of myoepithelial cells. The final diagnosis of intracanalicular type of Fibroadenoma in ectopic breast tissue was made. The patient is being followed up.

### DISCUSSION

In the fourth week of human development, a pair of mammary ridges are derived from ectoderm. These ridges, often called as the "milk line." It runs bilaterally along the ventral surface of the body from the anterior axillary folds to the medial aspect up the inguinal folds. Normally, these ridges regress except at the site of the breasts<sup>4</sup>. It is always necessary to have a detailed information of the patient's age and clinical presentation along with imaging evaluation sometimes mammography or ultrasound performed for routine screening or diagnostic purposes might show accessory breast tissue incidentally. The definitive diagnosis can be established by fine-needle aspiration or excisional biopsy<sup>5</sup>. The most frequent diseases reported in the accessory breast are cancers followed by mastopathy, mastitis, fibroadenoma, and fibrocystic change<sup>6</sup>. The accessory breast is hormonally responsive. This is the reason it undergoes physiologic changes of enlargement and milk secretion during pregnancy and lactation. This explains

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why ectopic breast tissue is usually present at birth and remains dormant until puberty.

In our case reports, histopathology confirmed the diagnosis. First case is of a young girl having axillary mass. The most common differential diagnosis made was of lymphoma or a lipoma by the surgeon. The girl had a deep swelling in her right axilla. Firstly, FNAC was performed. Because the swelling was deep and the girl had fatty axillary folds, the aspirate was inconclusive. The final diagnosis was made on histopathological diagnosis. The significance of accessory breast tissue is that it undergoes same pathological changes as the normal breast tissue. Also these ectopic breast tissues are associated with urinary abnormalities. The girl was screened for any genitourinary abnormalities & is being followed up. This is because of parallel development of mammary structures & genitourinary system<sup>7</sup>.

Second case was a pregnant lady with a silent vulval swelling since more than a year. The swelling started to increase in late pregnancy & in lactation. It explains the effect of hormones on the accessory breast tissue. The growth of benign lesions such as adenomas and fibroadenomas during lactation is well documented.<sup>8</sup> Histopathological features are similar to those in breast. The differential diagnosis includes benign lesions like phyllodes tumor, hidradenoma papilliferum, lactating adenoma, fibrocystic disease, sclerosing adenosis, epidermal cyst, follicular cyst, Bartholin's gland duct cyst, intraductal papilloma, apocrine adenoma, syringoma, pseudoangiomatous stromal hyperplasia and malignant lesions like extramammary Paget's disease or ductal or mucinous carcinoma<sup>9,10</sup>. The behaviour is benign and the treatment is simple excision.

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### How to cite this article:

Ashima Chugh et al (2018) 'Fibroadenoma A Common Lesion At Two Uncommon Sites - 2 Case Reports', *International Journal of Current Medical And Pharmaceutical Research*, 04(5), pp. 3312-3313.

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