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Sclerosing Adenosis in Axillary Supernumerary Breast: A Case Report.

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ABSTRACT

Swellings in the axilla especially in women are always viewed with suspicion owing to a large number of these being associated with breast carcinoma presenting as nodal metastasis. In a country like India, tuberculous lymphadenopathy is also amongst the first differentials. We present a case of a woman with left sided axillary swelling which on Fine Needle Aspiration Cytology (FNAC) turned out to be sclerosing adenosis of the accessory axillary breast. Accessory breasts may present as asymptomatic masses or cause symptoms such as pain or restriction of arm movements. Both benign and malignant tumors can arise in accessory breasts. So far cases of fibroadenoma and carcinoma breast have been reported but sclerosing adenosis has never been reported. Accessory breasts as mass in the axilla may prove to be a diagnostic challenge for surgeon. FNAC being an easy and accurate technique can be very helpful in differentiating such lesions.

Keywords: Accessory axillary breast, Sclerosing adenosis, benign tumor.

INTRODUCTION

Ectopic mammary tissue appears in humans owing to an incomplete embryologic regression of the mammary ridges. They are thus located most frequently along the mammary line extending from axilla to pubic region. The same pathology that affects normally positioned breasts, including carcinoma, can occur in ectopic mammary tissue. Although axillary tumors have many differential diagnoses ranging from benign to malignant, sclrosing adenosis arising from the axillary accessory breast has rarely been described in the English literature. We describe the clinical and pathological finding relating to a rare case of sclrosing adenosis arising in an axillary accessory breast.

CASE REPORT

A 25-year-old female presented to our institute with complaints of a painful, progressively enlarging lump in her left axilla for 6 months. On examination, she had a 5 × 5 cm lump in the left axilla which was firm, mobile, with skin free from the underlying tissue [Figure 1]. Systemic examination was unremarkable. FNAC was done and the cytological smears showed benign ductal epithelial cells arranged in monolayered sheets. So, the diagnosis of accessory breast was confirmed. Trucut biopsy from the lump revealed sclerosing adenosis and it was consistent with the excision biopsy reports.

Figure 1: Accessory breast tissue: mass in the axilla.

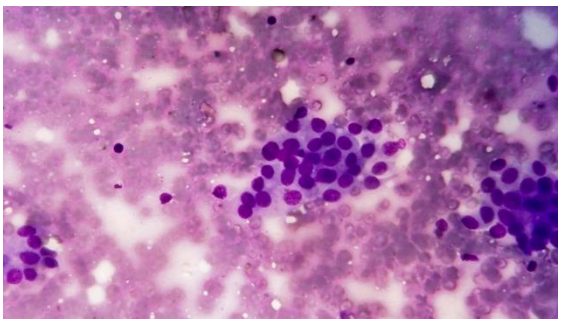

Figure 2: Cytological smear showing cluster of epithelial cells with a microacinar pattern; some single cells and bare bipolar nuclei (MGG × 400).

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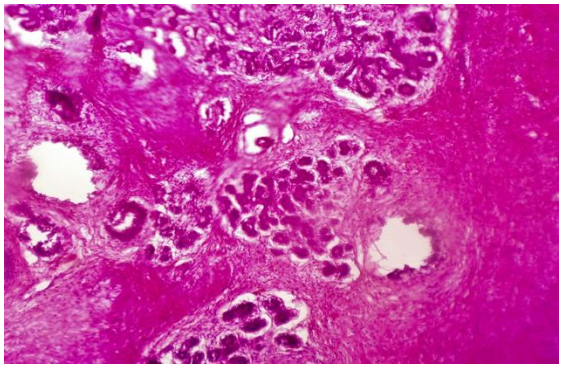

Figure 3: Sclerosing adenosis:Compact proliferation of acini and fibrosis (H&E × 100).

DISCUSSION & CONCLUSION

Accessory breasts occur in 0.4–6% of women.[1] They may present as asymptomatic masses or cause pain, restriction of arm movement, cosmetic problems, or anxiety.[1] Commonly accessory breasts are bilateral. Aberrant breast tissue is usually present along the milk line above or below the normal breast location and result due to incomplete embryologic regression of mammary ridges. Occasionally, they are found in unusual locations, such as the axilla, scapula, thigh, and labia majora.[2] Ectopic breast tissue usually becomes noticeable only after hormonal stimulation, usually during puberty, pregnancy, or lactation.

Accessory breast tissue, presenting as palpable thickenings in the axilla, can undergo monthly premenstrual changes, such as tenderness and swelling. Accessory tissue may range from a subcutaneous focus of breast tissue to a full accessory breast complete with areola and nipple. When nipple and areola are absent, the diagnosis becomes exceedingly challenging. It may also be a diagnostic challenge, as other benign and malignant lesions occur in this area.[3] Interestingly, soft tissue sarcoma (malignant fibrous histiocytoma) have also been reported.[4]

Mammographic and sonographic findings include mass like density that is identical to that of the normal breast parenchyma in the axilla.[5] Fine needle aspiration is a useful tool.

Ectopic breast tissue is subject to the same pathologic events that occur in normally positioned breasts. Indeed, there have been reports of fibroadenomas and even cancer developing in the accessory breast.[6-8] But to the best of our knowledge not even a single case of sclerosing adenosis have been reported so far in the accessory breast. Excision of ectopic axillary breast tissue may be required for diagnosis, treatment of symptoms, or cosmesis and is the definitive treatment for the above mentioned indications.[2]

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