Calcified Fibroadenoma of Accessory Breast Tissue of Axilla

Manju Bala Popli* MBBS, MD, Hare krishna Kumar B Sc, Roomana Sehar M Sc DMRIT, and Meenakshi Narang B Sc

Received: 21 November 2015; Published online 2 April 2016

© The author(s) 2016. Published with open access at www.uscip.us

Abstract

Fibroadenoma of the breast, are usually found in young female patients. Here we report a case of calcified fibroadenoma, in the accessory breast tissue of the axilla, in a 68 years old patient. Fibroadenoma in accessory breast and that too in an old woman is a rare entity. Clinically, in this age group, it can mimic as breast carcinoma. Mammography in this case clinched the diagnosis.

Keywords: Fibroadenoma; Accessory; Breast; Axilla; Mammography

1. Introduction

Fibroadenomas are among the most common breast lesions (Dent 1989). They are particularly found in young women with age less than 40 years. They are benign tumors composed of stroma and epithelial elements. They are considered not to have a malignant potential. Here we submit a radiological case report of finding a fibroadenoma with characteristic findings in an old patient.

A 68 years old female presented with complaint of mass in the left axilla. The mass had been present for the last one year and had increased in size and become hard for the past two months. On clinical examination, accessory tissue was present in axilla, bilaterally, without any nipple-areola complex. Patient had noticed this development of accessory tissue at the time of her first pregnancy.

On palpation, the accessory tissue in the right axillary region was soft. A hard mass could be palpated on the left side. The mass was slightly tender with restricted mobility. It was not attached to the overlying skin. Considering the patient’s age and clinical findings a diagnosis of carcinoma in accessory breast tissue was considered.

*Corresponding e-mail: manju.popli@rediffmail.com
Department of Radiological Imaging and NMR Research Centre
Institute of Nuclear Medicine and Allied Sciences (INMAS)
Lucknow Road, Delhi-110054, INDIA.
Film screen mammography of both the breasts was carried out. Cranio-caudal and Medio-lateral oblique views were taken. Both breasts showed predominantly fatty parenchymal pattern. No space occupying lesion was seen in either of the breasts. No architectural distortion or significant asymmetric density was seen. No micro or macro calcification was visualized.

Dedicated views were taken for axilla. Accessory breast tissue, bilaterally, had similar parenchymal pattern as the breast and was predominantly fatty. A densely calcified lesion was seen in the accessory breast tissue in the left axilla. No associated soft tissue component could be appreciated. Few, round and oval, calcifications were also seen scattered in the surrounding tissue (Fig 1).

![Fig. 1. Mammography: Dedicated view for axilla shows a calcified lesion in the accessory breast tissue in the left axilla.](image1)

![Fig. 2. Ultrasound of the left axilla shows a calcified lesion with dense posterior acoustic shadowing. Exact extent and margin of the lesion cannot be made out.](image2)

Ultrasound of both breasts and right accessory breast tissue was normal. A calcified lesion with a rounded anterior contour was seen in the left accessory breast. The calcification caused such dense posterior acoustic shadowing that it was impossible to make out the exact extent and margins of the lesion (Fig 2).

Mammography and ultrasound image morphology was suggestive of a densely calcified fibroadenoma. However patient was advised a surgical resection of the lesion because of two reasons. One was patient's age. The other reason was that sometimes fibroadenoma and carcinoma can co-exist. Histopathological examination revealed fibroadenoma with no associated malignant changes.

2. Discussion

A breast lesion appearing in an elderly, post menopausal, female is always eyed suspiciously. It is considered malignant unless proved otherwise. And this is what happened in our patient who was
68 years old. Imaging by mammography and ultrasound can however present a different picture. Imaging is recommended for better evaluation of palpable lesion and reaching a definite diagnosis

Accessory breast tissue can be found anywhere along the mammary milk line which extends from the axilla to the groin, bilaterally. Failure of any portion of mammary ridge to involute leads to ectopic tissue which may be associated with nipple-areola complex. Ectopic breast tissue in axilla, called the accessory breast is the commonest (Grossl 2000).

Accessory breast tissue behaves same as the pectoral breast and undergoes similar hormonal changes, and demonstrates cyclic hormonal effects, during the menstrual cycles and the pregnancy (Haagensen 1971). The changes are often noted by the patient at the time of her first pregnancy, when there is maximum breast tissue proliferation. Hormonal changes cause enlargement and discomfort. Accessory breast tissue is affected by the similar pattern of benign and malignant pathology as the normally located breast. Fibroadenoma as well as carcinoma can develop in this tissue (Aughsteen 2000; Goyal et al 2008).

Fibroadenomas are benign neoplasms and commonly found in young women. Fibroadenoma is the most commonly excised lump lesion in teenaged women and women in their 30s. They are freely movable on physical examination and appear as well defined massed on palpation. It is extremely rare to have a fibroadenoma appear later on in life, especially in post menopausal women. Any solid lesion that appears de novo in an older woman is always considered suspicious (Kopans 1998).

Location of fibroadenoma in the axillary breast is rare. It is, not only to be differentiated from a carcinoma, but also from other lesions arising in the axilla like benign and malignant lymph node masses, infectious lesions and vascular lesions. Mammography of the accessory breast tissue of axilla, in this case, showing characteristic calcification associated with fibroadenoma, clinched the diagnosis.

Funding Source
None

Conflict of Interest
None

References
http://dx.doi.org/10.1097/00007611-200093010-00005
