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Case Report

Supernumerary Breast About a Case

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Abstract

Axillary supernumerary breasts are a causé of anxiety and consultation in women. Most often asymptomatic, they can be the site of cyclical changes associated with pain during puberty or pregnancy. Since their malignant transformation is a real possibility, it is essential to carry out a radiological and histological assessment.

Surgical removal of these supernumerary breasts is reliable and recommended for all patients.

We report a case of axillary supernumerary breast.

Keywords: extra breasts ; axillaries ; ultrasound ; surgery

Introduction

Polymastia, or supernumerary breast, is a congenital condition in which abnormally located breast tissue is found, typically along the milk line [1], in addition to the normal breast tissue. Polymastia occurs in 0.4% to 6% of women and 1% to 3% of men [2]. Approximately 67% of cases of polymastia are located in the thoracic or abdominal parts of the milk line, often below the inframammary fold; 20% are situated in the axilla; and the remaining 20% are found along the milk line but outside these areas [2]. However, in rare cases, polymastia can occur outside the milk line, in locations such as the neck, face, arms, and hips [3].

Observation :

The patient in question was a 42-year-old woman with no notable medical history. She presented to the clinic with a left axillary mass that had been present for 2 years and was progressively increasing in size. On physical examination, a left axillary mass, approximately 5 cm in diameter, was noted. It was soft, mobile, and tender to palpation, with no signs of inflammation, raising suspicion of an axillary lipoma. The rest of the physical examination was unremarkable, and there were no palpable lymph nodes.

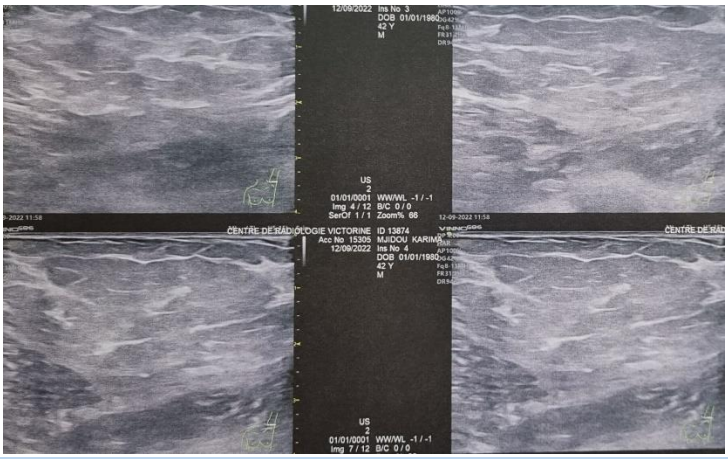

Figure 1 : ultrasound appearance of axillary lipomatous hypertrophy

An ultrasound of the left axillary soft tissues revealed hypertrophic fatty tissue in the left axillary extension measuring 55x30 mm, with no signs of malignancy (Figure 1).

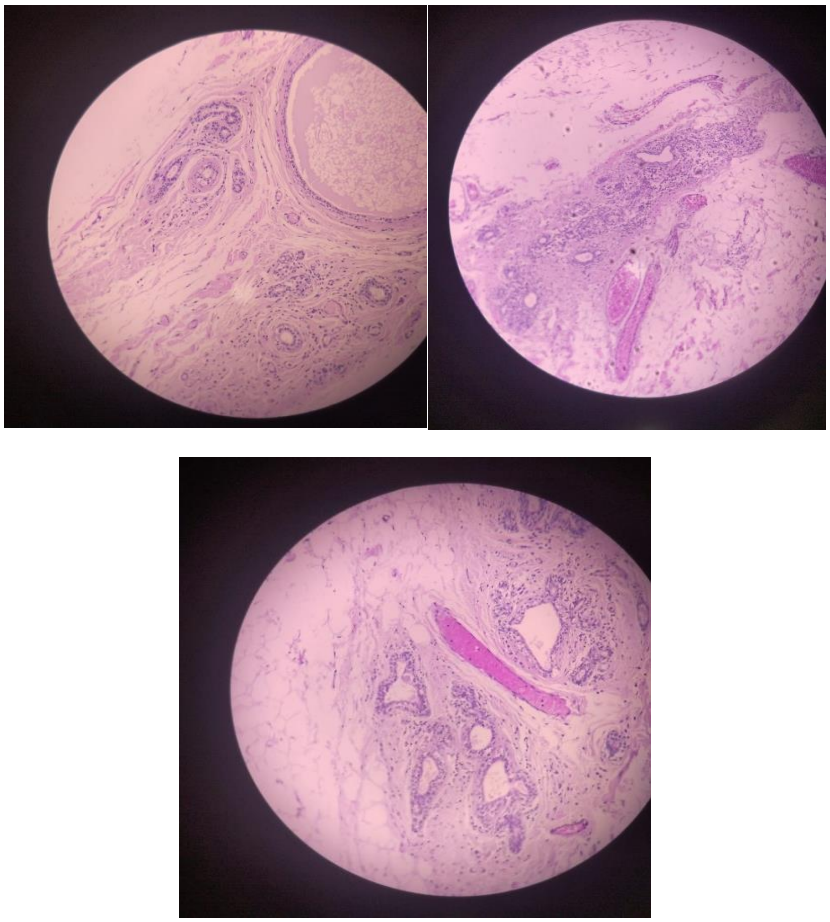

Figure : histopathological appearance showing mammary lobules and lactiferous ducts surrounded by adipose tissue.

Surgical excision was decided upon, and the histopathological study confirmed the presence of a supernumerary breast with hyperplastic lymph nodes but no tumorous characteristics (Figure 2).

The postoperative course was uneventful. The patient's progress was favorable, with regular clinical follow-up and ultrasound examinations.

Discussion :

The presented case of an axillary supernumerary breast initially diagnosed as an axillary lipoma highlights the intricacies of clinical diagnosis and the challenges posed by rare anatomical variations. Initially, axillary supernumerary breasts are asymptomatic and typically become symptomatic after puberty or during pregnancy. They may manifest as an increase in size, cyclic pain, discomfort, anxiety, milk secretion, and local skin irritation [1].

Clinically, the misdiagnosis of axillary supernumerary breasts is common in the absence of areola and nipple, leading to confusion with a lipoma or lymphadenopathy [2]. This was the case for our patient, whose axillary

swelling was initially overlooked and mistaken for a simple lipoma due to the absence of an areola and nipple.

The diagnostic journey began with an ultrasound, a common modality for assessing tissue masses in the axillary region. Initial sonographic findings suggested a typical presentation of a lipoma, a benign adipose tissue tumor frequently observed in the axillary region. This initial assessment is understandable as lipomas are relatively common, and their ultrasound characteristics often overlap with those of other benign entities [3-6].

However, subsequent surgical excision and histopathological analysis revealed an unexpected and intriguing discovery: an axillary supernumerary breast. Although supernumerary breasts are recognized in medical literature, they remain a rare occurrence and are often overlooked or misdiagnosed due to their infrequent presentation. Their resemblance to other axillary masses, particularly lipomas, poses à diagnostic challenge. In this case, histological examination revealed glandular structures and ductal elements characteristic of breast tissue, leading to the revised diagnosis [7-9].

In the majority of cases, the main indication for surgical excision of supernumerary breast tissue is aesthetic [10]. Down et al., in a retrospective analysis of 28 patients who underwent surgical excision of axillary supernumerary breasts, also recommend surgery despite the reported high complication rate (39%) [11].

This case underscores several key aspects of clinical practice and emphasizes the need for a multidisciplinary approach. Firstly, it highlights the importance of maintaining a high level of suspicion for uncommon anatomical variants, even in seemingly routine clinical situations. Secondly, it underscores the significance of meticulous diagnostic evaluation to differentiate between lipomas and other potential differential diagnoses, such as supernumerary breasts. Collaboration between radiologists, surgeons, and pathologists is essential for accurate diagnosis and appropriate clinical management.

Furthermore, this case highlights the clinical relevance of axillary supernumerary breasts, which can present as palpable masses and may undergo physiological changes during pregnancy or breastfeeding. Additionally, the differential diagnosis of axillary masses should include supernumerary breasts, especially when clinical and radiological findings are inconclusive.

This case compellingly illustrates the complexities of diagnosis associated with axillary supernumerary breasts and the need for comprehensive evaluation in cases of atypical axillary masses. It underscores the importance of a multidisciplinary approach to ensure accurate diagnosis and appropriate clinical management, contributing to improved patient care and clinical awareness of rare anatomical variations. Further research and case studies in this field can contribute to a deeper understanding of such occurrences and aid in refining diagnostic protocols.

Conclusion

Le sein surnuméraire axillaire est une cause d'anxiété chez les femmes du fait de l'esthétique et de sa potentielle transformation maligne. Quelle que soit l'aspect clinique, cette entité doit faire l'objet d'une enquête radiologique fine et parfois histologique. En raison de la forte incidence de survenu de pathologies bénignes et malignes, le sein surnuméraire axillaire doit être pris en charge chirurgicalement.

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