

CASE REPORT

ACCESSORY FUNCTIONING BREAST TISSUE AS A LARGE MASS IN THE AXILLA

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ABSTRACT: Accessory breasts are an uncommon entity & more uncommon when it is functioning. They may present as asymptomatic mass along the mammary ridge or symptoms evident during menarche, menstruation, pregnancy & lactation. We report a case of unilateral accessory breast in right axilla which was secreting milk on day 3rd postpartum.

CASE REPORT: A 28 years old primipara presented with swelling in right axilla of 4 years duration which slowly increased to present size. The swelling was small in the beginning then in 4th month of pregnancy she noticed marked increase in size. There is also h/o pain in the swelling during menses.

Caesarean section was done for cephalo-pelvic disproportion. On 3rd postoperative day she started complaining of pain & milk secretion from the accessory breast. On examination, a large pendulous swelling was palpable in right axilla, the size being 7cm x 4cm in size, mobile, with skin free from the underlying tissue. It was hyperpigmented with a small opening from where milk could be expressed. Clinically, other pathology of breast was excluded.

Sonammammography was done which showed normal breast tissue. Thus a diagnosis of functioning accessory breast was made. She was advised regular feeding with expression of milk from the accessory breast & follow up after 6 months for definite treatment.

DISCUSSION: Aberrant breast tissue is usually present along the milk line above or below the normal breast location. This results due to incomplete embryological regression of mammary ridges. Occasionally they are found in unusual locations, such as the axilla, scapula, thigh & labia majora.

Accessory breasts occur in 0.4% of women. They may present as asymptomatic masses or cause pain, restriction of arm movements, cosmetic problems, or anxiety. Commonly accessory breasts are bilateral & usually become noticeable only after hormonal stimulation, during puberty, pregnancy or lactation. Accessory tissue may range from a subcutaneous focus of breast tissue to 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 the body. Interestingly, soft tissue sarcomas (malignant fibrous histiocytoma) have been reported.

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

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breast tissue is subject to the same pathologic events that occur in normally positioned breasts. Indeed, there have been reports of fibroadenoma as and even cancer developing in 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. However, according to a report, complications after removal of accessory breast are not uncommon. These include incomplete removal of the accessory, poor scar, and intercostobrachial nerve injury. Hence conservative treatment may be considered especially for asymptomatic cases. Liposuction followed by excision of glandular tissue with skin & areola will give better results. She was counseled & advised surgery but was lost to follow up.

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