

A CASE REPORT OF GIANT FIBROADENOMA OF THE BREAST**K. Sivaji*, S.T.N.S.S Pavani, B. Anupama Devi, M. Harshini, R. Swathi and B. Sandhya**

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ABSTRACT

Fibroadenoma with remarkable cystic change is very unusual. Opinions differ as to the interpretation of this lesion. Furthermore, there have been few reports focusing on its macroscopic view. We herein report a case of fibroadenoma in a 20-year-old woman. The patient presented with left breast swelling associated with tenderness. The mass had initially been small on self-discovery 6 months previously and grew with time. There was no skin changes or any sufficient risk factors for breast malignancy. She subsequently underwent excision biopsy of the (right breast) left breast lesion for symptomatic control and histopathology examination. The patient recovered well with no complication. Herself to a medical doctor's office due to a rapidly growing breast tumor. Based on a core needle biopsy, a benign lesion was suspected, and the tumor was surgically resected. On a macroscopic study, the cut surface of the tumor revealed a remarkably cystic and well-circumscribed lesion with an intracystic polypoid component. Microscopically, a variety of findings of epithelial and stromal proliferation were observed. This is an interesting case not only because a fibroadenoma with prominent cystic change is unusual but also because the breast tumor showed a characteristically cystic appearance on its macroscopic view.

KEYWORDS: Fibroadenoma, cystic, macroscopic view, cystic fibroadenoma, intraductal fibroadenoma, intraductal fibroadenomatosis.

BACKGROUND

Fibroadenoma of the breast is a well-circumscribed benign tumor with epithelial and stromal growth. It usually occurs in young women, with an incidence of 18.5%, except for complex fibroadenoma, which is an unusual variant of fibroadenoma occurring in elderly women. Although cystic changes are sometimes present, fibroadenoma with predominant cystic change is very unusual, and the interpretation of the lesion seems to be unclear. While the exact incidence of the lesion is unclear, in 2015, Bhat et al. reported that only one case had been described thus far. When the tumor is obviously cystic, it resembles an intraductal papilloma. Some papers have stated that fibroadenoma with remarkable cystic change is called cystic fibroadenoma and classified under complex fibroadenoma. There are also a few reports describing benign fibroepithelial lesions with cystic features and intracystic or intraductal components as intraductal fibroadenoma or intraductal fibroadenomatosis. Most previous reports have focused on the microscopic view of these lesions.

We herein report an unusual case of fibroadenoma with remarkable cystic change and intracystic growth showing a characteristic macroscopic view.

INTRODUCTION

Fibroadenoma of the breast are benign tumours characterized by an admixture of stromal and epithelial tissue, since both fibroadenomas and breast cancer can appear as similar lumps, it is currently recommended to perform ultrasound analysis and possibly tissue sampling with subsequent histopathologic analysis in order to perform diagnosis. Unlike a typical lumps from breast cancer, fibroadenomas are easy to move with clearly defined edges.

The Overall incidence of fibroadenoma in adolescence and women older than 30 years are 22% and 18% are respectively and account for nearly 70% of all breast masses. Fibroadenomas are generally small breast lumps that can increase in size but rarely to greater than 3cm. the size of the adenoma can change as a response to the hormonal changes during menstrual cycles and pregnancy. The clinical presentation is most commonly an asymptomatic, painless, breast mass giant fibroadenoma are rare benign lesion usually found in patient under 20 years old women. Fibroadenoma in right or left breast which are showed on approximately two-fold increase in their size within 6 months.

The treatment for the benign breast lesions in prepubescent's and adolescents is conservative to avoid unnecessary injury to a developing breast. If the patient

has persistent symptoms, a surgical approach is indicated for the fibroadenoma.

CASE PRESENTATION

A 20-year-old woman presented herself to a medical doctor's office due to a (1-year history) 6 months or 1 year history of the rapidly growing tumor of the left breast lump, initially measuring 2 cm in diameter and rapidly its growing . recently 6 months back the patient started to experience mild tenderness over the lump, but there were no skin changes or constitutional symptoms. There was no significant family history of similar problems clinical examination revealed asymmetrically breasts with obvious enlargement of left breast. A large 6x4cm mass occupied almost 50% of breast. The right breast appeared to be developing normally as no obvious lesions were detected. There were no clinical abnormalities. It is best to consult doctor for correct diagnosis a breast Mamograph/ Ultrasonography revealed a middle- to high-echoic mass. A core needle biopsy was performed showing hypocellular myxoid stroma with small spindle cells and mammary ducts without atypia (Figure 1(a)). Based on the core needle biopsy findings, a benign lesion, such as phyllodes tumor or fibroad- enoma, was suspected, and the tumor was surgically resected about 2 weeks after the biopsy. On a macroscopic study, the The cut surface of the surgical specimen revealed a remarkably cystic and well-circumscribed lesion with an intracystic polypoid component, measuring 6x4cm diameter with an whitish to an colour and hemorrhage.



Figure 1: Microscopic findings of the biopsy specimen and macroscopic and microscopic findings of the surgical specimen. (a) In the biopsy specimen, myxoid stroma with low cellularity and mammary ducts without atypia were observed.

Patient details/Case presentation

Name : S.HARSHITHA

Age : 20-YEARS

Wt :

Sex : FEMALE

Blood group : O⁺ve

Symptoms : Lump of mass which is usually movable, hard solid homogenous adema in left breast no pain, but

2-3 times fluid secretions from nipple. After to take biopsy test sample sometimes its paining, rubbery texture.

Causes : Hormonal related

Diagnosis : it is diagnosed by ultrasound and biopsy test.

Treatment : Surgery

CYTOLOGICAL REPORT

CLINICAL DETAILS: Breast lump
u/s FNAC from left breast lump
received 4 unstained slides.

MICROSCOPIC EXAMINATION

Smear studied are cellular and show many large cohesive sheets of uniform ductal epithelial cells. These cells have moderate eosinophilic cytoplasm central bland nucleus. Background shows plenty of bare oval nuclei and fibro myoid stroma.

No evidence of any malignancy is seen in the smear studied.

IMPRESSION

Features are those of a fibroadenoma.

ULTRASONOGRAPHY REPORT-BREAST SCAN

- Left breast: a well defined encapsulated hypoechoic mass in the lower inner quadrant measuring 34mm surrounding breast normal. No regional lymphadenopathy.
- Right breast: Normal

Impression: FIBROADENOMA LT BREAST

Adv: fnac.

- Suggested clinical correlation.
- Advised second opinion if necessary.

HISTOPATHOLOGICAL REPORT

CLINICAL DETAILS : Left fibroadenoma.

NATURE OF SPECIMEN : Excisional biopsy sent for HPE

GROSS : Received signal grey white soft tissue mass with attached fibrofatty mass measuring 6x4 cm. on cut section grey white, homogeneous.

MICROSCOPY : Multiple sections examined shows breast tissue with proliferating glands and stroma. The glands are lined by benign epithelial cells with intact myoepithelial rimming. Few glands are cystically dilated. Stroma is arranged in pericanacular pattern.

No evidence of atypia or malignancy

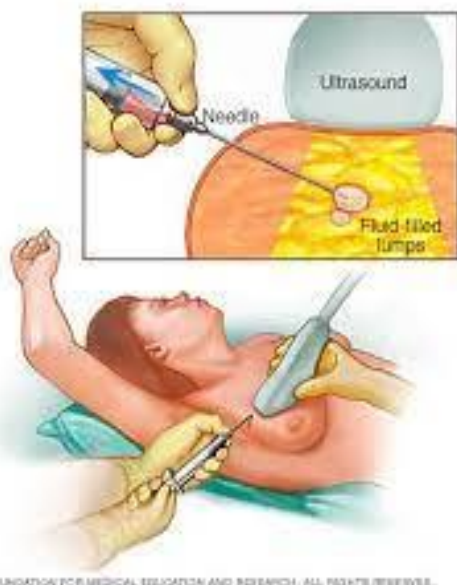
IMPRESSION: Histological Features Are Suggestive Of Fibroadenoma.

TREATMENT FOR FIBROADENOMA

- **Fibroadenoma lumpectomy or excisional:**

Biopsy: the expert doctor can remove a lump fibroadenoma using the blade and the surgical requirements called fibroadenoma removal surgery.

- **Medicines:** there are no medication available to treat fibroadenoma usually fibroadenoma do not cause any complications and if doctor feels that the fibroadenoma is harmless, you might not require any change in size or shape.



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Types of surgeries

- VABB fibroadenoma removal.
- Lumpectomy fibroadenoma surgery
- Cryablation of fibroadenoma.

CONCLUSION

Fibroadenoma are common breast masses especially in women under age 30. The imaging features of Fibroadenoma Overlap with multiple other benign and malignant breast masses. As such, Fibroadenoma s account for a large proportion of breast biopsies is a central concern when treating Fibroadenoma s given the benignity.

Treatment is mainly surgical they removal of breast lumps with good cosmetic outcomes. Prognosis following surgical management is good.

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