

## TITLE OF ARTICLE: BILATERAL ACCESSORY BREAST: A CASE REPORT

*Name of Author:*

**Dr. Dabota Yvonne Buowari MBBS**

*Address Correspondence to:*

**Dr. Y. D. Buowari, P M B 5115, Port Harcourt, Rivers State, NIGERIA.**

*Correspondence Email:*

[\*dabotabuowari@yahoo.com\*](mailto:dabotabuowari@yahoo.com)

*Phone Number: +234-8037324401*

### BILATERAL ACCESSORY BREAST: A CASE REPORT

#### **ABSTRACT:**

Accessory breast is a relatively rare conduction, which is commoner in females than males. Most of them do not cause any discomforting symptoms but cosmetic embarrassment especially to a woman in the presence of her partner.

**Case Summary:** A 23-year-old postpartum woman is presented who was managed for bilateral accessory breast at a district hospital. The accessory breasts were excised under ketamine anaesthesia.

**Conclusion:** The treatment of accessory breast is excision because all disease conditions that affect normal breast can also affect accessory breast including malignant transformation.

#### **Introduction**

Accessory breasts or polymastia are an uncommon entity and they may present as asymptomatic masses or cause symptoms such as pain or restriction of arm movements<sup>1</sup>. Accessory breasts occur in 0.4-6% of women<sup>2</sup>. Accessory breast tissue is residual breast tissue that persists from normal embryonic development<sup>3</sup>. Accessory breast tissue can present as a mass anywhere along the course of the embryologic mammary streak but is more frequently found in the axillary. The vulva is the next common site for ectopic breast tissue. The mass may be composed of glandular breast tissue with a nipple or both<sup>3</sup>. They may be asymptomatic or cause pain, restriction of arm movements, cosmetic problems, or anxiety. Supernumerary nipples can be identified at birth whereas ectopic breast tissue becomes noticeable only after hormonal stimulation usually during puberty, pregnancy, or lactation. Axillary breast tissue may provide a diagnostic challenge as other benign and malignant lesions occur in this area. In some cases, accessory breast may not be visible at the surface. In these cases, it may be possible to distinguish their appearance from normal breast tissue with magnetic resonant imaging. Such facilities are not readily available in resource poor countries. I report a case of bilateral accessory breast, which increased in size during pregnancy and was excised under ketamine anaesthesia.

#### **Case Presentation**

A 23-year-old primipara and nursing mother presented at the outpatient department of the General Hospital, Aliero, Kebbi State, northern Nigeria with bilateral axillary swelling since birth. The swelling started increasing in size during pregnancy and became static after delivery. She has never used any form of contraception.

On examination, she was not pale, not jaundiced and acyanosed. Pulse rate was 70 beats per minute regular and blood pressure 120/90 mmhg. There were bilateral axillary masses each with a nipple and areola. The left axillary mass measuring 8 cm by 10 cm and the right one measuring 4cm by 4 cm. Both masses were non-tender, non-mobile, and not attached to overlying skin or underlying structures. Both axillary masses had a nipple and breast milk was expressed from it when pressure is applied. A diagnosis of biaxillary accessory breast was made. The patient was lactating at the time of presentation. Excision of the accessory breast was done under ketamine anaesthesia two months later when the patient had stopped lactating. Histopathology of excised mass was matured breast tissue.

#### **Discussion**

Accessory breast tissue can present as a mass anywhere along the course of the embryologic

mammary streak. That is the axilla to the inguinal region. It is frequently found in the axilla as in this patient. This tissue ranges from a small focus of parenchyma to complete a structure that includes a nipple and areola. Accessory breast tissue may be bilateral, responds to hormonal stimulation and may become more evident during menarche, pregnancy, or lactation. As in this patient, it was bilateral and it increased in size during pregnancy. The treatment of choice for accessory axillary breast tissue is surgical excision removal of the tissue will relieve physical discomfort and confirms the diagnosis by histopathology of the excised tissue. It is currently recommended that all accessory breasts be removed surgically but complications following this procedure have been poorly documented. Excision of accessory breast tissue is associated with significant morbidity. Ectopic breast tissue can occur at other sites such as the face, posterior neck, chest, buttocks, vulva, hip, shoulder, thigh, perineum, as well as the midback. The treatment of choice for symptomatic accessory breast tissue is surgical excision. Cosmesis is the main indication in the majority of cases. The differential diagnoses of an axillary mass are lipoma, lymphadenopathy or lymphadenitis, sebaceous cyst, vascular malformation and malignancy<sup>3</sup>.

### **Conclusion**

Excision may be required for the diagnosis especially for those without a nipple. Also for the treatment of symptoms and cosmesis. Accessory breast and ectopic breasts tissue are subject to the same pathologic events that occur in normally positioned breast.

### **Acknowledgement**

Dr Emmanuel Etriem and Dr Aliyu Abdullahi both medical officers at General Hospital, Aliero, Kebbi state, Nigeria at the time case was managed are acknowledged.

### **References**

1. Solanki R, Choksi D B, Duttaroy DD. Accessory Breast Tissue Presenting As a Large Pendulous Mass in the Axilla: A Diagnostic Dilemma. *The New Zealand Medical Journal*. July 2008. 121(1277): Retrieved from [www.nzjm.com](http://www.nzjm.com)
2. Down S, Barr L, Baidam AD, Bundred N. Management of Accessory Breast Tissue in the Axilla. *Bri J Surg*. 2003. 90: 1213-1214.
3. Laor T, Collins MH, Emery KH, Donnelly LF, Bove KE, Ballard ET. MRI Appearance of Accessory Breast Tissue: A Diagnostic Consideration for an Axillary Mass in a Peripubertal or Pubertal Girl. *American Journal of Roentgenology*. 2004. 183: 1779-1781.