



www.theijs.com

Eyes do not see what the mind does not know — A desmoid tumour in the breast

Jayant S. Vaidya ^{a,*}, Peri Kocabayoglu ^a, Denis McLean ^b, Lee Jordan ^c

Available online 7 July 2006

A 25-year-old woman presented with a lump in the upper outer quadrant of her right breast. She did not volunteer any other history. On examination, she had a 2 cm \times 3 cm irregular hard lump that was tethered to the skin (Fig. 1a) —features typical of a carcinoma. However, she had mentioned ''ibuprofen'' when she filled in her basic history sheet (Fig. 1b). This prompted a ''why?''— and a reply ''Oh! it is for pain from desmoids''. This foreknowledge and the finding of other tumours with similar features on her back and abdominal wall allowed a clinical diagnosis of desmoid tumour. The radiologist (DM) was surprised with the accuracy of clinical diagnosis written on the radiology request form, because the lump indeed had ultrasound features of a desmoid tumour (Fig. 1c). One option was to leave it alone, but the multidisciplinary recommendation was that a core

biopsy was unlikely to promote growth and would give a definitive diagnosis (Fig. 1d). The patient was reassured and any further surgical treatment was avoided.

Desmoid tumours are rare benign tumours that can keep recurring locally and surgery is generally avoided. The case demonstrates the traditionally emphasised importance of history and thorough examination that were enough to diagnose this condition. In addition, the ultrasound revealed fibrous strands that seemed to mimic the histology of a desmoid tumour, although this is probably its first description. Desmoid tumours have been known to mimic breast cancer. However, we believe that in this case the diagnosis was made with history, clinical examination and ultrasonography — one option may have been to avoid even the trauma of core biopsy.

^a Department of Surgery and Molecular Oncology, Ninewells Hospital and Medical School, University of Dundee, Level 6, Dundee DD1 9SY, UK

^b Department of Radiology (Breast Imaging), Ninewells Hospital and Medical School, Dundee DD1 9SY, UK

^c Department of Pathology, Ninewells Hospital and Medical School, Dundee DD1 9SY, UK

^{*} Corresponding author. Tel.: +44 1382 660 111. E-mail address: j.s.vaidya @dundee.ac.uk (J.S. Vaidya).

470 J.S. Vaidya et al.

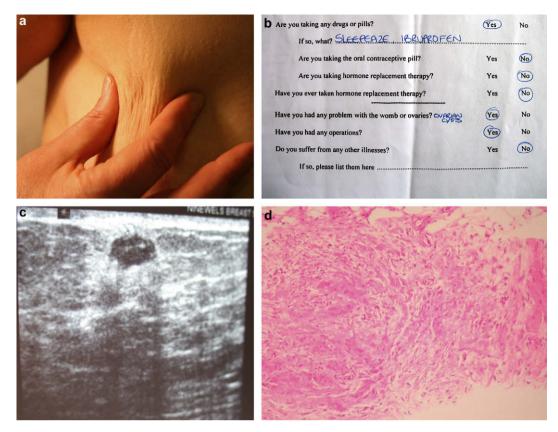


Figure 1 (a) Clinical features mimicking a cancer, (b) history sheet filled in by the patient; N.B. mentions ibuprofen but no mention of desmoids, (c) ultrasonography: stromal strands corroborating with the .. (d) histopathological features of a desmoid tumour in the core biopsy.

References

- Thomas T, Lorino C, Ferrara JJ. Fibromatosis of the breast: a case report and literature review. J Surg Oncol 1987;35(1): 70-4.
- 2. Yiangou C, Fadl H, Sinnett HD, Shousha S. Fibromatosis of the breast or carcinoma? *J R Soc Med* 1996;**89**(11):638–40.
- Privette A, Fenton SJ, Mone MC, Kennedy AM, Nelson EW. Desmoid tumor: a case of mistaken identity. Breast J 2005; 11(1):60-4.