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CASE REPORT

Unilateral Female Accessory Breast Tissue

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ABSTRACT

Accessory breast tissue is uncommon condition which occurs in 0.4 - 6% of women. The diagnosis of ectopic breast tissue (EBT) is important as it can undergo the same pathological changes that occur in a normal breast such as mastitis, fibrocystic disease and carcinoma. I present a case of a large right-sided accessory breast in a 38 year old woman. Histopathological examination confirmed the breast tissue.

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INTRODUCTION

During 5th or 6th week of embryonic development, the mammary ridges (milk lines) develop and run from anterior axillary folds to the groin which regress elsewhere except in the pectoral region where it forms the normal breast.

Failure of regression of mammary ridges (milk lines) in other areas apart from pectoral region is termed as EBT seen in about 0.4-6% ¹. The most common site is axilla². EBT is prone to all types of benign and malignant pathologies as naturally positioned breast. However pathologies of EBT are rare, carcinoma being most frequent followed by mastopathy and fibroadenoma ³.

CASE PRESENTATION

A 38-year-old multiparous woman presented with a large rounded mass on the antero-lateral aspect of the right lower chest below and lateral to the right normally located breast. Initially it was a small swelling which gradually grew larger over many years, which was mobile, non-tender and firm in consistency there was no nipple but hypopigmented areola. The patient's desire was for its removal. She was admitted to Samawa General Hospital and under general anesthesia simple mastectomy performed. Histopathological examination: Breast tissue, **Figure 1**.



Figure 1 : The right ectopic breast along mammary ridge or milk line below and lateral to normal breast.

Discussion

Incomplete involution of mammary ridges in the extrapectoral region results in the development of EBT. It may contain all three elements-parenchyma, nipple, and areola or any combination of them and is hormone responsive⁴. According to Kajava classification in 1915 this case is Class III which consists of areola and glandular tissue but no nipple^{5,6,7}. While aberrant breast is an island of breast tissue without a ductal system or relationship to the overlying skin (without nipple or areola) and are usually located in close proximity to the normal breast^{8,9,10}. Axilla is the most common location, however infraclavicular, juxtasternal subscapular, epigastric, and vulvar locations have also been described, but can occur at other sites like cheek, neck, shoulder midline of the chest or abdomen, flank, hip, thigh and buttock^{11,12}.

Conclusions

EBT a fairly uncommon embryological defect may present as inconspicuous polythelia or fully-formed polymastia. The breast tissue is also vulnerable to the

same diseases both benign and malignant as normal breast tissue.

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