



# ACTAS Derma-Sifiliográficas

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## CASE REPORT

### Accessory Breast on the Vulva<sup>☆</sup>

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#### KEYWORDS

Breast;  
Ectopic;  
Vulva

**Abstract** We describe a 24-year-old woman with a subcutaneous swelling in the left inferior pubic region. Histology revealed ectopic breast tissue. Vulvar tumors are uncommon and the presence of ectopic breast tissue in this region is extremely rare. In these cases, patients usually consult for a mass that varies in size with hormonal changes, typically during pregnancy or breast-feeding, or that has associated neoplastic changes. In our patient, the mass had grown progressively with no identifiable underlying hormonal association or neoplasm. We therefore classified it as ectopic breast tissue presenting as a subcutaneous mass.

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#### PALABRAS CLAVE

Mama;  
Ectópica;  
Vulva

#### Mama ectópica vulvar

**Resumen** Se describe el caso de una mujer de 24 años de edad con una tumoración subcutánea localizada en la región pubiana inferior izquierda cuyo estudio histopatológico mostró una mama ectópica. Las lesiones tumorales vulvares son poco frecuentes y la presencia de tejido mamario ectópico a nivel vulvar es extremadamente rara. El motivo de consulta en estos casos suele ser el aumento de tamaño fluctuante en relación con cambios hormonales, generalmente secundarios al embarazo o la lactancia, o con alteraciones tumorales asociadas. El caso que se presenta mostraba un crecimiento progresivo sin aparente causa hormonal o neoplásica subyacente, se trataba por tanto de una mama ectópica con clínica de tumoración subcutánea.

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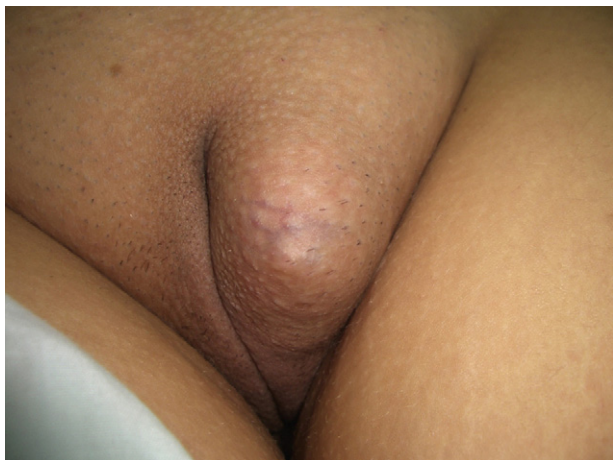
## Introduction

Breast tissue is derived from the embryonic ectoderm. The so-called milk line extends from the axilla to the medial aspect of the groin.<sup>1</sup> During embryogenesis, this tissue undergoes spontaneous regression except in the chest region, where it gives rise to breasts in adults.

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**Figure 1** Subcutaneous mass in the left labium majus (accessory breast).

When regression of milk line remnants fails to occur outside the pectoral region, accessory breast structures may arise. These are observed most frequently in the axillary region and only rarely at a vulvar site.<sup>1</sup>

### Case Report

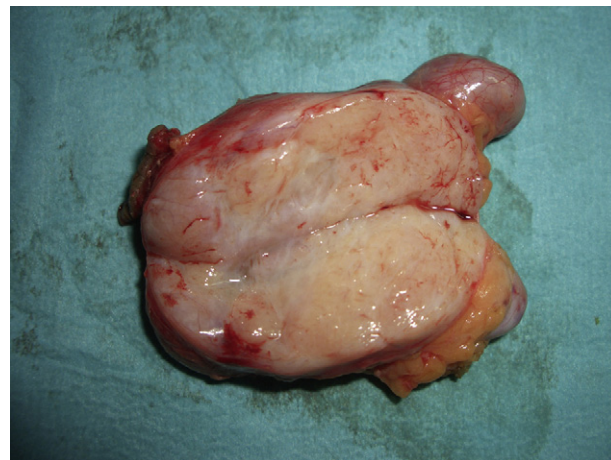
We report the case of a 24-year-old woman who was assessed in a visit to the dermatology department for vulvar swelling that had begun 2 years earlier and had become progressively worse in the 6 months prior to the visit. Initially, the patient had been seen in the gynecology department, where a tentative diagnosis of lipoma was made and watchful waiting indicated.

The patient had no personal or family history of similar lesions. She had never been pregnant and the progressive growth of the lesion was not linked to her menstrual cycle although, during premenstruation, she did describe a tense sensation that remitted on menstruation. Her only concomitant medication was an oral contraceptive (ethinylestradiol and chlormadinone acetate), which she had been taking for 4 years.

Clinical examination revealed a subcutaneous mass measuring 1.5 cm in diameter that was palpable but hardly visible, elastic and mobile, and not adhered to the deep layers (Fig. 1). The overlying skin was normal. The patient reported mild pain on palpation. No enlarged lymph nodes were detected in the groin region.

The lesion was excised (enucleation) with the patient under local anesthetic and sedation. During the surgical procedure, it was observed that the mass occupied the entire labium majoris and extended deeply, measuring 4.5 cm × 2.5 cm × 2.5 cm, much larger than thought in the initial examination.

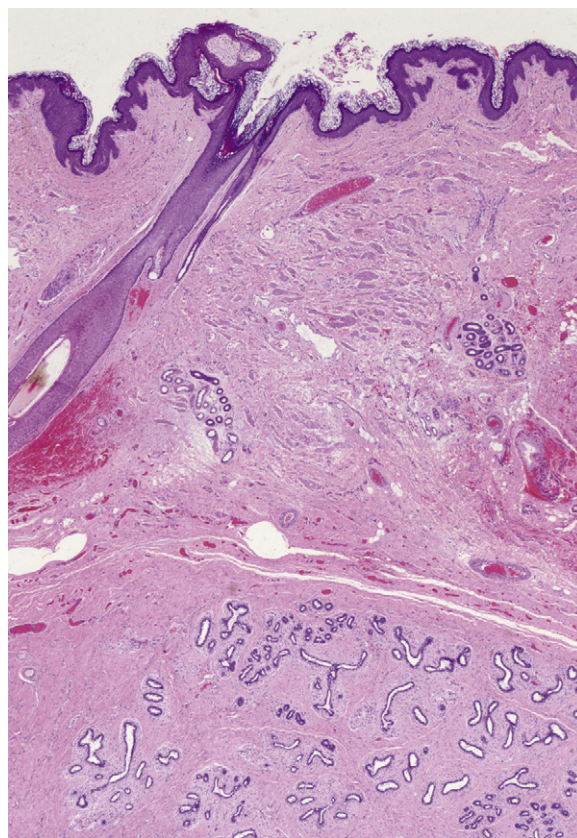
Macroscopic examination revealed a highly vascularized nodular lesion resembling a tumor, with polylobulated ovoid morphology and a thin fibrous pseudocapsule. Sectioning revealed a homogeneous pink-brown elastic surface of fibrous appearance with no necrotic foci (Fig. 2). Histologic study showed a well circumscribed unencapsulated lesion (Fig. 3) composed of breast tissue with mildly dilated ductal



**Figure 2** Macroscopic view of the excised lesion.

lumina coated with a double layer of epithelial and myoepithelial cells. Focal apocrine metaplasia of ductal epithelium was also observed. The structure of the lobular population was preserved. The stroma was fibrous and highly vascularized (Fig. 4).

An abdominal ultrasound allowed us to rule out associated malformations, and a gynecological examination did not reveal any significant findings. The outcome 2 months after surgery was satisfactory. No other lesions were detected in the milk line or in the vulva.



**Figure 3** Panoramic microscopic image of the lesion (hematoxylin–eosin, original magnification ×10).

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