

Recurrent Bilateral Giant Fibroadenomas of the Breasts

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We present a case of an 18-year-old woman with recurrent bilateral giant fibroadenomas that were evaluated by mammography and sonography with color Doppler. Imaging revealed solid lobulated masses with significant internal vascularity occupying most of each breast; this evaluation suggested a differential diagnosis of giant fibroadenoma versus phyllodes tumor. The unusual clinical story of recurrent bilateral lesions as reported by the patient, coupled with the findings on visualization of these lesions by mammography and ultrasound with color Doppler, led to the clinical decision to forego biopsy in favor of immediate bilateral surgical enucleation.

Introduction

The term “giant fibroadenoma” is a descriptive name given to a fibroadenoma that is greater than 5cm in diameter or weighs more than 500g [1]. These rare benign tumors most commonly affect females of Afro-Caribbean or East Asian descent and have a bimodal age distribution with occurrence typically either in adolescent or premenopausal women [2]. Giant fibroadenomas can be variants of either adult type fibroadenomas or the less common juvenile fibroadenoma, both of which are benign circumscribed breast masses resulting from proliferation of stromal and

epithelial (glandular) tissue [3]. In this report, we present the case of recurrent bilateral giant fibroadenomas in an 18-year-old female from Haiti. The subsequent discussion addresses those features of this case that are typical of this diagnosis, as well as the unique aspects of this specific clinical presentation.

Case Report

An 18-year-old female from Haiti presented to the Cambridge Hospital Breast Center with a chief complaint of bilateral painful, swollen breasts for the past 1.5 years. On further history she explained that she had originally experienced a burning pain in both breasts exclusively around the time of menstruation but that this pain had since become constant. She remarked that the increased frequency of the pain correlated with a marked gradual increase in size of both breasts over the course of the past two years. She denied any change in breast size with menses, any nipple discharge, or any constitutional symptoms. The patient did note that she had similar “lumps” surgically removed from both breasts approximately 2.5 years prior to this current presentation, at the age of 16, while still living in Haiti; she reported that at the time of the prior surgery she was informed that the lumps were cysts. She stated that subsequent to the previous surgery her breast size was sig-

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Abbreviations: BI-RADS, Breast Imaging Reporting and Data System; FNA, fine needle aspiration; MRI, magnetic resonance imaging

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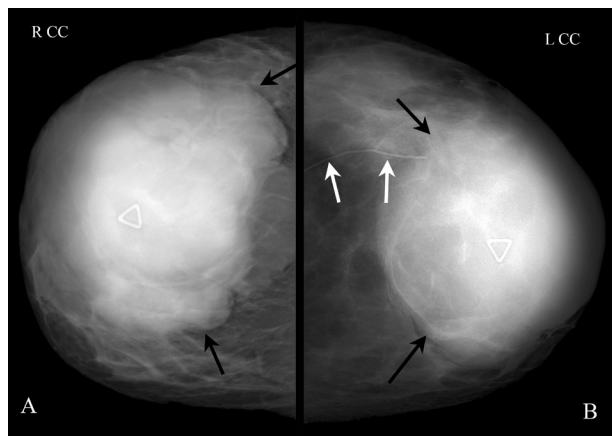


Figure 1A. 18-year-old woman with recurrent bilateral giant fibroadenomas. Mammographic craniocaudal views of both breasts show large, dense, homogeneous masses (black arrows) approximately 12 cm at its largest diameter on the right and 10 cm on the left. A skin marker noting the site of prior surgical scar is indicated by the white arrows.

nificantly reduced but that her breasts soon began to grow again and that currently both were much larger than they had been at the time of the first procedure. She originally attributed this growth to normal development and only sought medical attention when the associated pain became unbearable.

The patient was screened for known breast cancer risk factors. She reported menarche at age 12 without consequent use of oral contraception and denied any pregnancies. The patient denied any alcohol use or previous radiation exposure. She was not taking any medications. Her only pertinent family history was a maternal great aunt who had breast cancer in her 50s.

On physical exam at the Breast Center the patient was found to have visibly distorted breast contours bilaterally. On palpation, the right breast was found to be occupied by a large, irregular, hard protuberant mass that filled most of the breast. This was accompanied by overlying shiny, thinned skin with several prominent dilated veins, likely due to the proximity of the mass to the skin. The left breast was similarly occupied by a large, irregular, hard protuberant mass in the central region, smaller than on the right and without any overlying skin changes. The patient did not have any evidence of nipple abnormalities or axillary lymphadenopathy.

The patient was sent for bilateral mammograms and ultrasounds of the lesions, with concern of slow growing sarcoma or phyllodes tumor. Mammography showed highly suspicious large homogeneous lobulated masses

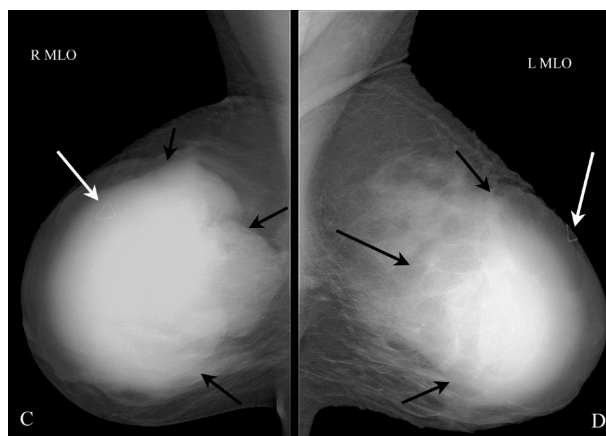


Figure 1B. Mammographic mediolateral oblique images of the right and left breasts show large masses (black arrows). Skin markers are present at the white arrows, indicating palpable abnormalities.

occupying most of each breast. The lesion on the right was approximately 12 cm in diameter while that on the left was approximately 10 cm in diameter (Fig. 1). Neither mass appeared to extend to the pectoralis muscle and there was no evidence of suspicious calcification in either breast.

Breast sonography demonstrated fairly homogeneous hypoechoic solid lobulated masses occupying most of each breast, with internal vascularity demonstrated by color Doppler and increased through transmission (Figures 2A-D). The imaging studies of the breasts were together classified as BI-RADS 5: highly suggestive of malignancy with indication for biopsy.

Given the alarming history of the rapid recurrence of these tumors and the striking vascularity indicated by ultrasound of the lesions, it was decided that biopsy would not change the management of the patient's case and could potentially introduce complications such as bruising, bleeding, infection or pain. Furthermore, neither fine-needle aspiration biopsy nor core needle biopsy has been found to be efficacious in the differentiation between phyllodes tumor and fibroadenomas. Rather, surgical intervention was indicated. The patient was taken to the operating room where she underwent bilateral enucleation of the breast masses (Fig. 3). The surgical specimens were sent to pathology where histologic examination concluded a diagnosis of benign giant fibroadenoma variants (Fig. 4).

Discussion

Fibroadenomas are the most common cause of a breast mass in young females, accounting for approximately 75%

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