Fibroadenoma arising in accessory breast tissue of the axilla: A rare case report

Monal Trisal1, Mohammad Jaseem Hassan2, Safia Rana3, Rubeena Naz Mohroo4, Sujata Jetley5

1Demonstrator, 2Associate Professor, 3Assistant Professor, 4Professor, 5Dept. of Pathology, Hamdard Institute of Medical Sciences and research (HIMSR), New Delhi, India

*Corresponding Author:
Email: jaseemanu@gmail.com

Abstract
Axilla is the most common site for accessory breast tissue. Fibroadenoma is a very common benign lesion of breast but is not commonly found in accessory breast tissue. We report a case of fibroadenoma in a 19-year-old young unmarried girl who presented with a mobile swelling in left axilla since five months. The ipsilateral breast was normal. No FNAC was performed and excision biopsy was done and sent for histopathological examination which showed features of fibroadenoma. The most important clinical significance is that number of inflammatory, cystic and neoplastic diseases similar to those of a normal breast have also been reported in accessory breasts. For early detection of malignancy in the axilla, a vigilant self-examination and clinical assessment is required.

Keywords: Fibroadenoma, Accessory breast, Ectopic breast tissue.

Introduction
Accessory breast tissue is a residual breast tissue that persists from normal embryologic development. It may occur anywhere along the milk line, from the axilla to the groin. Also called as ectopic breast tissue, occurs in about 6% of the population. The term ‘Aberrant breast tissue’ is the breast tissue located near to the proximity of the breast and has accessory fragments of breast tissue outside the periphery of the gland. Fibroadenoma is a very common benign lesion of breast. Fibroadenoma of an accessory breast however is a very rare finding and only few cases have been reported in the literature.

Case Presentation
A 19-year-old young unmarried girl noticed a mobile left axillary swelling since five months. On physical examination, the swelling was freely mobile, soft to firm in consistency measuring approximately 4x3.5cm, had smooth surface with regular margins. Overlying skin appeared normal. No ulcer or discharge was present. The breasts were bilaterally symmetrical with no lump or nipple discharge. A clinical diagnosis of accessory breast was made. No fine needle aspiration cytology and other relevant investigations were performed and excision biopsy was done and sent for histopathology. Grossly, a single grey brown to grey white globular partially encapsulated tissue piece measuring 4.5x4x3cm was received. Externally, focally congested areas were identified. On cut surface, homogenous grey white areas with slit-like areas were seen. (Fig. 1) On microscopy, sections taken showed a well circumscribed lesion composed of biphasic growth of variably cellular to myxoid spindle cells stroma with cleft like (intracanalicular) glandular growth pattern. (Fig. 2,3). The glandular component was composed of two cell layers, inner epithelial layer and outer myoepithelial layer. Histopathological features were compatible with fibroadenoma.

Fig. 1: Gross appearance showing a partially encapsulated grey white to grey brown tumor. Cut surface is homogenous with slit like areas

Fig. 2: Photomicrograph showing predominantly intracanalicular pattern of fibroadenoma. (H&E x 100)
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Second hypothesis is that accessory breasts 
develops from modified apocrine sweat glands. Axilla 


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diagnostic consideration for an axillary mass in a 

Axillary lesion has been 

The incidence of accessory breast tissue is overall 
0.4–6% in the general population. During fifth week of 

embryogenesis, mammmary ridges develop by thickening 
of ectoderm, that runs from axilla to groin. Except for 
two segments in pectoral region that develops into 

normal breasts, rest involutes. This failure of involution results in formation of accessory breasts.

Second hypothesis is that accessory breasts 
develops from modified apocrine sweat glands. Axilla 

is the most common site of accessory breast occurring 
in nearly 2–5% of females. It is twice as common in 
females than in males. Rare accessory breast tissues have also been reported in perineum, back of neck, 
vulva, flank, back, upper arm, midline of shoulders. 

most patients, accessory breast presents with no 
symptoms only a visible swelling. But in some of the 
females, it causes pain and discomfort in reproductive 
age related with menstrual cycle, pregnancy and lactation. Apart from cosmetic reasons, it develops the 
similar pathological changes as the normally located 

malignancy. The axillary accessory breast tissue 

connected to outer part of normal breast tissue is called 
the axillary tail of Spence. The accessory breast tissue of axilla should be isolated tissue in axilla as in our case. In our case, the fibroadenoma was present in the left accessory breast tissue in axilla rather than in any extension of breast tissue into the axilla. Thus thorough 

self-examination and investigations is important as 

accessory breast tissue presents same spectrum of 
pathological lesions from cystic, inflammatory, benign 
to malignant as that in normal breast tissue.

Conclusion

1. Fibroadenoma is an extremely common cause of 
young females presenting with breast lump, with 
increased incidence between the age of 20 and 30 years. It is very rarely been described in axillary 

breast tissue.

2. Fibroadenoma of accessory breast tissue should always be considered when a differential diagnosis of 
any axillary swelling is made.

3. Tumors in accessory breast tissue should be 
diagnosed with the same investigations as normal breast tissue. An extensive study is required to 

know the exact incidence of fibroadenoma arising in accessory breast tissue.

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