

Breast Lump (SubPectoral Lipoma): Clinical Diagnostic Dilemma

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ABSTRACT

Lipoma of the breast is rare and usually it is not diagnosed because of fatty nature of the breast. Here, we present a case of lipoma which is deep to pectoral muscle. Clinically we considered this as breast lump with clinical inconclusive signs like variable consistency, limited mobility without slip sign.

Keywords: Breast Lump, subpectoral lipoma

INTRODUCTION

Lipoma one of the most common adipose tissue tumour is having incidence of 16% of all mesenchymal tumors.^[1] However, submuscular lipomas under the pectoralis major muscle are rare.^[2] For breast lipoma a diagnostic work-up is needed due to varying history and clinical courses.

However, patients seek medical attention over their concerns with size augmentation disfiguration or asymmetry and also have fear of malignancy due to the lump.

CASE REPORT

A 62 year old female presented with a mass in her left breast of 5 years duration and with phobia of cancer. The mass was painless and progressively increasing in size. There was no history of breast trauma, fever and pain. family history of breast disease is negative.

There was no nipple discharge, breast ulcer or weight loss. Attained menarche around 13 years of age. She has 3 children. Age of patient at which last child had milk feeding was 24 years. Menopausal since 15 years. No history of any drugs intake. There was no mass in the



Figure 1 : Preoperative photograph of left breast lump

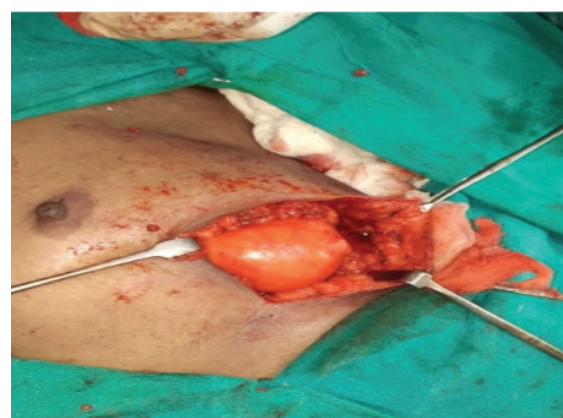


Figure 2 : Photograph of procedure of excision of subpectoral lipoma via inframammary incision.



Figure 3: After raising breast tissue and pectoral muscle above

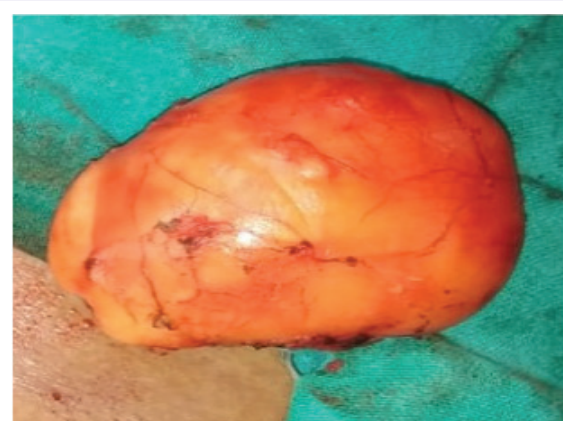


Figure 4: Gross specimen of sub pectoral lipoma

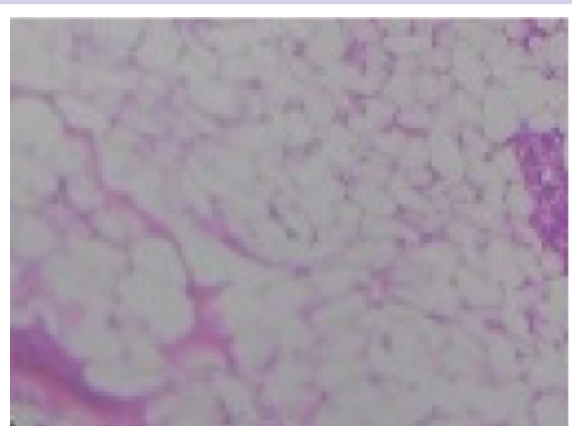


Figure 5: Histopathology showing mature

contralateral breast. A review of other systems was normal.

Physical examination revealed healthy looking, not anaemic, afebrile, anicteric, and no lymphadenopathy. The left breast examination revealed a oval-shaped mass in the left lower and outer quadrant with normal temperature, nontender, firm, 6 cm × 7cm, lobulated, distinct edge, and unattached to the skin and mobility restricted and more so with contraction of pectoralis muscle. Slip sign is negative. There were no axillary lymph nodes. The right breast examination was normal.

Differential Diagnosis

CA breast, Giant fibroadenoma, soft tissue sarcoma, chest wall tumours, chronic abscess, cold abscess.

Investigations

An ultrasound of left breast revealed a mass of 6 cm × 5 cm in the lower outer quadrant between 3 o'clock and 6 o'clock position with lobulations and no axillary lymph node. Complete Blood Profile (CBP), Electrolytes, urea, creatinine, and urine analysis were normal. FNAC report inconclusive and advised. Trucut Biopsy which shows fatty tissue.

Treatment

Under general anaesthesia left breast inframammary incision (Gallord Thomas incision) given. Breast tissue reflected up and pectoral muscle retracted. Retropectoral lipoma is dissected out which was partly adherent to chest wall. Hemostasis secured and drain placed.

Histopathological examination revealed an encapsulated cream-colored oval mass measuring 7 cm × 5 cm × 3 cm, weight of 150 gm, whose cut surface showed a uniform yellowish surface. Microscopy showed a benign neoplasm composed of sheets of mature adipocytes with eccentrically placed nuclei and abundant clear cytoplasm.

DISCUSSION

Lipomas can arise from any part of the body, especially in the areas of abundant adipose tissue. Lipoma of the breast presenting as a mass may cause diagnostic uncertainty, making it difficult to distinguish from other breast lesions if it is deep to the pectoral muscles because of limited mobility^[3] and without slip sign. This was the case of a woman who presented with a mass in her breast, which she anxiously thought it was cancer.

The exact incidence of lipoma in the breast is not known, being described both as a common and rare condition by different authors. Balcalbasa and Irina^[4] reported that breast is a common place for breast lipoma while Donegan^[5] considered breast lipoma as a rare condition. but here it is not from the breast tissue as it is deep to pectoral muscles.

Lipoma of the breast can gradually increase in size leading to asymmetry of the breasts. A giant breast lipoma is characterized by a lesion of at least 5 cm in one dimension and weighs more than 500 g.^[5]

The index case will be qualified for a giant lipoma based on its size. Other authors^[6,7] defined giant lipoma of the breast as a mass of at least 10 cm in one dimension or a minimum weight of 1000 g.

Radiographic identification of lipomas can be challenging when they are Deep and adherent to chest wall in post menopausal age with increasing in size. Several recent

articles describe the difficulty of diagnosing these masses using routine imaging and biopsy techniques. Occasionally, ultrasonography, computed tomography or magnetic resonance imaging are required for definitive identification.

Physical examination is often of little diagnostic use, except in superficial subcutaneous masses. The suppleness and relative preservation of breast contour are consistent with a fatty tumour but also characteristic of the hypertrophic breast. Fineneedle aspiration is usually not diagnostic, although Tru-cut biopsy can provide sufficient tissue for definitive pathological evaluation.^[10]

The treatment of breast lipoma is complete excision.^[11] The reported case had complete excision via a left inframammary incision with a good cosmetic outlook. The best cosmetic result is obtained by incisions along circumareolar, elliptical, or anterior axillary incision may be appropriate depending on the position and size of the mass.^[9]

Liposuction or suction-assisted lipectomy has been reported in the removal of small or large masses in particular locations where a large scar formation should be avoided.^[8]

Breast lipomas can be misdiagnosed as carcinoma, fibroadenomas, phyllodes tumors, and duct papillomas. Other conditions that can mimic lipomas include hamartomas, angioliipomas, angiomyolipomas, chronic abscess, cold abscess, atypical lipomatous tumors, and liposarcoma.^[8]

CONCLUSION

We report a case of a subpectoral lipoma, which is very rare case. Though it is in the breast region this is not from breast tissue and it is deeper to the pectoral muscles and adherent to chest wall. Any mass in the breast must be thoroughly evaluated to exclude malignancy.

CONFLICT OF INTEREST :

The authors declared no conflict of interest.

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