




Case Report

## Bilateral Axillary Accessory Breast Tissue: A Case Report

### *Bilateral Aksiller Aksesuar Meme Dokusu: Olgu Sunumu*

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#### ABSTRACT

Accessory breast tissue, the most prevalent variant of the breast, is more common among females than males. In children, it is most often noticed in the adolescence period due to hormonal stimulation. Accessory breast tissue is most frequently seen along the milk line between the inguinal region and the axilla. It may be asymptomatic or symptoms, such as pain, tenderness, and mass enlargement, may occur during menstruation. Ultrasonography, magnetic resonance imaging (MRI) and mammography may assist in diagnosis. Surgical excision and histopathological examination are needed to eliminate a potential malignancy. In this study, a case of bilateral axillary breast tissue with fibrocystic changes in a 16-year-old female patient was presented. The mass in both axillary regions was completely excised. As a result of histopathological examination, it was revealed that both masses were breast tissue with fibrocystic changes. In conclusion, accessory breast tissue should be considered among the differential diagnoses in patients with unilateral or bilateral axillary mass complaints. It is important to emphasize that accessory breast tissue has the potential for benign and malignant breast diseases.

**Keywords:** Axillary breast tissue, ectopic breast, polymastia

#### ÖZET

Memenin en sık varyantı olan aksesuar meme dokusu kadınlarda erkeklerden daha fazla görülmektedir. Çocuklarda çoğu zaman hormonal stimülasyona bağlı olarak ergenlik döneminde fark edilir. Aksesuar meme dokusu en sık inguinal bölge ve aksilla arasındaki süt çizgisi boyunca görülür. Asemptomatik olabilir veya menstruasyon döneminde ağrı, hassasiyet, kitlenin büyüme gibi semptomlar görülebilir. Ultrasonografi, Manyetik Rezonans, mamografi tanıda yardımcı olabilir. Olası bir maligniteyi ekarte etmek için cerrahi eksizyon ve histopatolojik inceleme gereklidir. Çalışmada 16 yaşında bir kız hastada fibrokistik değişim gösteren bilateral aksiller meme dokusu vakası sunuldu. Her iki aksiller bölgedeki kitle tamamen eksize edildi. Histopatolojik inceleme sonucu iki kitlenin de fibrokistik değişim saptanan meme dokusu olduğu belirtildi. Sonuç olarak tek taraflı veya iki taraflı aksiller kitle şikâyeti olan hastalarda aksesuar meme dokusu ayrı tanımlar arasında düşünülmelidir. Aksesuar meme dokusunun benign ve malign meme hastalıkları potansiyeline sahip olduğu unutulmamalıdır.

**Keywords:** Aksiller meme dokusu, ektopik meme, polimasti

#### INTRODUCTION

Insufficient regression of the primitive breast tissue outside the pectoral region is called accessory or

ectopic breast (1). Accessory breast tissue may contain only nipple (polythelia), areola, and glandular tissues

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(polymastia) (2). It is typically located in the axilla and may be unilateral or bilateral (3). It is often asymptomatic, but in adolescent girls, symptoms, such as pain, tenderness, increased volume, and lactation, can be seen due to the hormonal changes that occur with the onset of menstruation (4). Pathologies that may occur in normal breast tissue, such as mastitis, fibrocystic disease, fibroadenoma, or tumor, may also be seen in accessory breast tissue (5-7). Differential diagnoses of lipoma, sebaceous cyst, lymphadenitis, lymphatic malformations, and hidradenitis should be performed in patients with a mass detected in the axilla during physical examination (8,9). Diagnosis, follow-up, and treatment of accessory breast tissue are crucial in terms of preventing potential pathologies as well as eliminating cosmetic concerns. Here, a case of bilateral axillary breast tissue with fibrocystic changes in a 16-year-old female patient was presented.

### Case Report

A 16-year-old female patient presented to the pediatric surgery outpatient clinic with the complaint of a mass under two armpits. In her history, it was stated that she had a mass in the right armpit about a year ago, which enlarged over time, and she noticed swelling in the left armpit two months ago. On physical examination, two breast tissues were normal, and there was no palpable mass. No lymph nodes were detected in the neck or axillary region. A mobile, soft, tender mass with a diameter of approximately 8 cm in the right axillary region and approximately 5 cm in the left axillary region was detected by palpation (Figure 1). Laboratory tests were normal. Ultrasonography revealed accessory breast tissue at the level of both axillary fossae. There was no family history of breast cancer or accessory breast tissue.



**Figure 1.** Bilateral axillary accessory breast

The mass in both axillary regions was completely excised under general anesthesia. As a result of the histopathological examination, it was evaluated that there were breast tissues with fibrocystic changes, 8x4x2 cm in the right axillary region and 5x4x2 cm in the left axillary region. The patient was discharged on the second day postoperatively without any problem. No complications or recurrences were observed in the one-year fol-

low-up. The patient's consent was obtained for this study.

### DISCUSSION

Accessory breast tissue, which is the most prevalent variant of the breast, is more common among females than males (4). In published studies, it has been reported that accessory breast tissue was detected in 2-6% of females (4,10). Although it is seen during or before puberty, it is most often noticed during puberty due to hormonal stimulation (4). It is typically sporadic and is noted to be familial in 6% of cases (1). Accessory breast tissue most often occurs along the milk line between the inguinal region and axilla. However, it may also be located in different parts of the body, such as the face, posterior neck, chest, hip, and vulva (8,10).

Patients may present to the hospital with symptoms, such as a palpable mass, pain during menstruation, tenderness, and mass enlargement (1). Ultrasonography, magnetic resonance imaging (MRI) and mammography may be helpful in the diagnosis of patients with suspected accessory breast tissue in the history and physical examination (5). It has been stated that the diagnosis can be made with fine needle aspiration biopsy, but false positive or negative results might be obtained (4). Although most patients underwent surgery for cosmetic reasons, diverse views have been suggested about accessory breast treatment (4). Conservative treatment is recommended in asymptomatic patients with small masses, while surgical treatment is recommended in patients with large masses (5). It has been reported in the literature that accessory breast tissue is typically benign, and malignancy develops in 6% of them (11). Surgical excision and histopathological examination are recommended to rule out a potential malignancy (4,12,13).

In conclusion, accessory breast tissue should be considered among the differential diagnoses in patients with unilateral or bilateral axillary mass complaints. We should note that accessory breast tissue has the potential for benign and malignant breast diseases.

#### Conflict of Interest / Çıkar Çatışması

The authors declared no conflicts of interest with respect to authorship and/or publication of the article.

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