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Tubular Adenoma of Breast

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CLINICAL HISTORY:

17-year-old female presented to the surgery department of Government Medical College and Rajendra Hospital, Patiala, with a gradually enlarging palpable, asymptomatic mass in the middle outer portion of the left breast. She had first noticed the mass 2 years ago and had then undergone a sonography at another institution that revealed a well circumscribed, homogenous, hypoechoic mass measuring approximately 2.2 x 2cm at that time. She had no history of bronchial asthma, rheumatoid arthritis, diabetes, hypertension, hypothyroidism, any bleeding disorder or any other previous surgery. She also had a negative family history of breast or ovarian malignancies. The female had undergone menarche at the age of 14 and her menstrual cycles were regular.

EXAMINATION AND INVESTIGATIONS:

General and Systemic Examination- Normal.

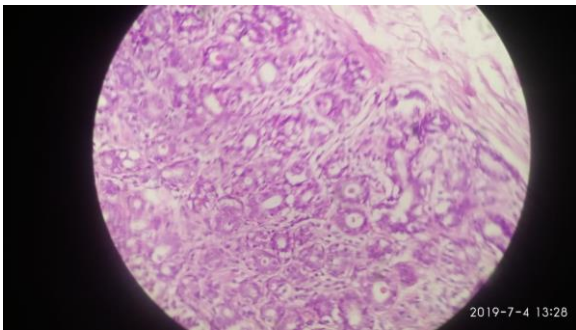
Local physical examination:

- Painless, non-tender, mobile, well circumscribed mass was palpated in the middle outer portion of left breast at 3 0' clock position.
- Skin overlying the swelling was normal and no nipple discharge or inflammatory changes were present.
- No palpable supraclavicular or axillary lymph nodes.

Ultrasound: Well defined hypoechoic mass in the left breast with imaging features suggestive of non-calcified fibroadenoma.

FNAC: Cohesive clusters of dual population of ductal epithelial cells and myoepithelial cells along with naked, bipolar nuclei in the background – s/o fibroadenoma.

Histopathological examination of the surgically excised tumor: Closely packed small tubules lined with a bilayer of epithelial cells and myoepithelial cells were seen. Scanty connective tissue stroma was seen between the tubules. The mass was thus diagnosed as tubular breast adenoma.



FINAL DIAGNOSIS:

Clinico-radiological differentials for tubular adenoma includes Fibroadenoma.

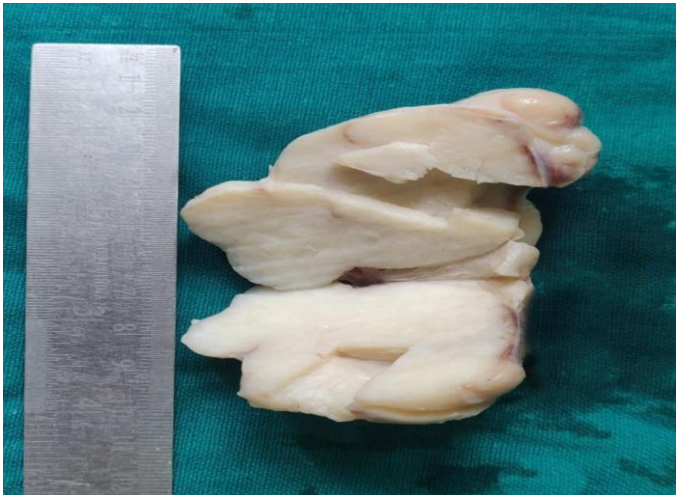
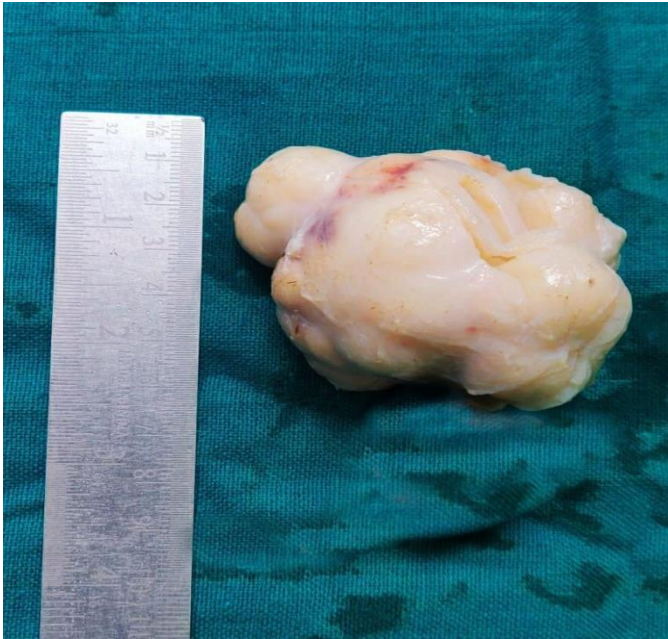
Histologically, the differential diagnosis of tubular adenoma includes fibroadenoma, ductal carcinoma, microglandular adenosis, sclerosing adenosis, phyllodes tumour and tubular carcinoma

DISCUSSION:

Due to the history of progressive enlargement of the lump over the past two years, a surgical excision was carried out and a well circumscribed oval mass was resected.

Macroscopically, the excised tumour measuring 6×5.5×3 cm presented as a solid, yellowish-white elastic nodule with the surface showing slit-like areas, resembling a fibroadenoma. The patient had an

uncomplicated postoperative course and she is doing well after 6 months of surgery.



Tubular adenoma is a rare benign neoplasm seen predominantly in women of reproductive age group, occurring rarely in postmenopausal women [1,8]. It presents as a painless, freely mobile, well-circumscribed mass with size rarely exceeding 5cm [3,10]. However, cases of giant tubular adenomas measuring over 14cm have also been reported[11,12]. It can potentially be confused with fibroadenoma due to the high degree of similarity in their clinical, radiological and cytological characteristics, thus making preoperative diagnosis extremely difficult [3,6]. Surgical excision or biopsy followed by histopathological examination is necessary to obtain a definitive diagnosis[3,6]. Immunohistochemical analysis

by myoepithelial cells markers, combined with stromal markers, allows to rule out the various differential diagnoses, either malignant or benign tumors[3,7,13]. Although it is not known to be associated with the risk of malignant transformation, a few cases of adenoma associated with carcinoma have been reported[14,15]. However, a clear cut histological demarcation between the two lesions was present in all the reported case

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