CASE REPORT

Multiple fibroadenomas with cystsarcoma phylloids in bilateral breasts of a 23-year-old Indian woman – A case report

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ABSTRACT
Fibroadenomas are among the most common tumours of the female breast, occurring most frequently in women of child-bearing age, especially those under 30 years. We report a case with a total of 13 fibroadenomas presenting bilaterally of a 23-year-old woman. The histopathologic and immunophenotypic features of the fibroadenomata are described. Most fibroadenomas are present as single mass, however the presence of multiple fibroadenomata can be seen in 15–20% of the patients. It has been reported that the average number of masses in cases of multiple fibroadenomas is 3–4 in a single breast but occurrence of more than five fibroadenomas in an individual patient is much less common. There are few reports of multiple fibroadenomas. We report this case hoping to expand the literature and to provide insight to aetiology of multiple fibroadenoma formation and advice on management.

Keywords: Multiple fibroadenomas in bilateral breasts

INTRODUCTION
Fibroadenomas are among the most common tumours of the female breast, occurring most frequently in women of child-bearing age, especially those under 30 years. Most present as single mass, however the presence of multiple fibroadenomas can be seen in 15–20% of patients. It has been reported that the average number of masses in cases of multiple fibroadenomas is typically 3–4 in a single breast but occurrence of more than five fibroadenomas in an individual patient is much less common.

CASE REPORT
A 23-year old woman presented with multiple lumps in both breasts which she first noticed a year earlier. She had not been exposed to any chemicals or harmful materials and had never taken any oral contraceptives or other medications. Her grandmother and aunty suffered from breast cancer. The family history was otherwise unremarkable. Physical examination revealed two enlarged breasts with symmetrical nipples and no retraction or haemorrhage. The overlying skin was normal. 5x4 cm visible lump in upper outer quadrant of right breast.15x7x4 cm lump visible in lower half of left breast. Multiple varying size lumps palpable in all quadrants of right breast with firm consistency, freely mobile, not fixed to underlying tissues or muscles or skin with dilated veins over large lump with normal nipple and areola. 1 x 1 cm anterior group of lymph node palpable in left axilla.

Figure 1: Case (pre-op)

LEFT breast with other multiple varying sized lumps, firm consistency, freely mobile, not fixed to underlying tissues or muscles or skin with dilated veins over large lump with normal nipple and areola. 1 x 1 cm anterior group of lymph node palpable in left axilla.

Figure 3: Pre-op figure (right breast)

Figure 2: Pre-op figure (left breast)

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**DISCUSSION**

Most fibroadenomas present as a single mass, although the presence of multiple fibroadenomas can be seen in 15–20% of the patients. Unlike women with a single fibroadenoma, most of the patients with multiple fibroadenomas have a strong family history of these tumours. The aetiology of multiple breast fibroadenomas has not yet been clearly established. A possible connection between multiple fibroadenomas and oral contraceptives was proposed but has not been well investigated yet. Other possibilities include imbalance of in vivo oestrogen levels, hypersensitivity of local breast tissue to oestrogen, dietary factors, or inherited predisposition. The increased sensitivity to oestrogen may subsequently lead to mammary gland hyperplasia and even the development of carcinoma. A study of a large cohort of women with fibroadenoma revealed that the overall prevalence of atypical epithelial hyperplasia within fibroadenomas was 0.81% and only around 7% of women with atypia developed invasive carcinoma on follow-up. Therefore, patients with fibroadenomas may have a slightly increased risk of developing breast cancer. The pathogenesis of formation of the numerous breast fibroadenomas in this patient is unknown. With increasing age, the risk of carcinomatous degeneration in fibroadenomas rises to 17%. This necessitates excision of all such tumours. The surgical treatment of choice of fibroadenoma is breast conserving, however multiple fibroadenomas pose a particular challenge. In 1971, Liacyr Ribeiro described his new technique for reduction mammoplasty. Four years later, the first 20 cases were published. This technique was introduced by Rezai in oncoplastic surgery. With free hand design, preoperative marking is performed and the inferior pedicle modulated. Multiple fibroadenomas of the breast are safely removable with the Ribeiro technique modified by Rezai.

**CONCLUSION**

There is scant literature regarding multiple fibroadenomas in bilateral breasts. We report this case hoping to expand the literature and to provide insight to aetiology of multiple fibroadenoma formation and advice on management.

**REFERENCES**