

A Breast Fibroadenoma Case Presenting as Breast Hamartoma

Memenin Hamartomu Şeklinde Kendini Gösteren Meme Fibroadenoması
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Özet

Onaltı yaşında kadın hasta 4 aydan beri sağ memesinde ele gelen kitle şikayetiyle polikliniğe başvurdu. Muayenesinde sağ memesinde 7 cm kadar, yumuşak, ağrısız kitle palpe edildi. Mamografi incelemesinde ön planda meme hamartoması olarak düşünüldü. Meme manyetik rezonans incelemesinde (MRI) aynı lokalizasyonda 6x4cm'lik T1 ve T2 ağırlıklı incelemelerde heterojen, içerisinde yağ komponenti de bulunan yoğun kontrast tutan geç dönemde kontrastı devam ettiren lezyon izlendi, hamartom ile uyumlu olarak değerlendirildi. Meme sağ üst kadrandan yapılan insizyonla kitle eksize edildi. Makroskopik olarak 50 gr ağırlığında, bilobüle, 6x5 cm'lik düzgün yüzeyle kapsüle ve parlak sarı görünümde doku parçası izlendi. Histopatolojik olarak adenozis alanları içeren fibroadenom tanısı konuldu. Bu yazımızda, sağ memede kitlesi olan ve kitlenin radyolojik incelemesinde memenin hamartomu ön teşhisi alan ama histopatolojik olarak memenin fibroadenoması olarak kabul edilen bir hasta sunulmaktadır.

Anahtar kelimeler: *Fibroadenoma, Hamartoma, Meme kanseri*

Abstract

İngilizce Özet A 16-year-old female patient suffering from a palpable mass in her right breast for 4 months attended to our outpatient clinic. A 7 cm mobile, soft, nontender mass was palpated in her right breast. Mammographic examination results of the mass was initially considered as a breast hamartoma in differential diagnosis. Breast magnetic resonance imaging (MRI) reported a 6 x 4 cm mass that is heterogenous in T1 and T2 sequences, with lipid component inside, highly contrasted and showing contrasted areas in late stages which mostly looked like a hamartoma. During surgery we detected that the excised mass was bilobulated, 6 x 5 cm in diameter having regular surface, yellowish in colour and capsulated macroscopically. After the pathological examination the lesion was reported as a fibroadenoma. Herein, we report a patient with a breast mass. The mass was radiologically considered as a hamartoma but histopathologically it was reported as a fibroadenoma.

Keywords: *Fibroadenoma, Hamartoma, Breast cancer*

Introduction

In recent years, clinicians come across more benign breast lesions due to the increasing use of breast screening. Fibroadenomas are one of the most commonly seen breast lesions among all the benign breast lesions. Radiological imaging techniques are needed to distinguish those breast lesions which are mostly diagnosed by physical examination. In this case report, we present a patient who was radiologically considered to have a breast hamartoma but histopathologically she was diagnosed as having a fibroadenoma.

Case Report

A 16- year-old female patient attended to our outpatient clinic suffering from a palpable mass at her right breast for 4 months. She had no family history. During her breast examination no nipple and skin retraction or inflammation were found. But a 7 cm mobile, soft, nontender mass was palpated at her right breast. At the axillary examination there were no palpable lymph nodes. Ultrasonographic examination reported a 68 x 29 mm multilobulated, heterogeous and hypoechoic mass having inflammation and eudema around the lesion with extense echogenity increase and partly irregular and undefinite margins. Mammographic examination showed a 7 x 3 cm lesion at upper lateral quadrant of the right breast having lipoid and fibroglandular structural density and disorganised dilated ductal structures (Figure 1).

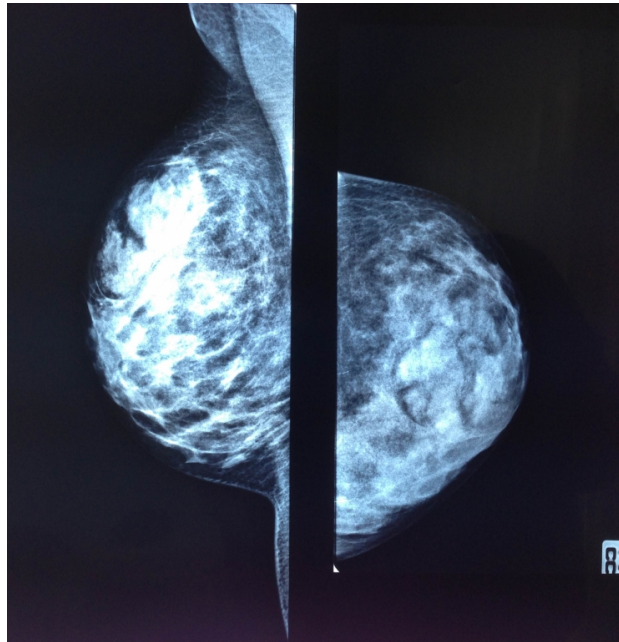


Figure 1

Mammographic examination images showing a 7 x 3 cm lesion at upper lateral quadrant of right breast having lipoid and fibroglandular structural dandity and disorganised dilated ductal structures

Mammographic examination result was initially considered that the mass was a breast hamartoma in differential diagnosis. Breast magnetic resonans imaging reported a 6 x 4 cm mass that was heterogenous in T1 and T2 sequences, with lipoid component inside, highly contrasted and showing contrasted areas in late stages which mostly looked like a hamartoma (Figure 2a, b, c).

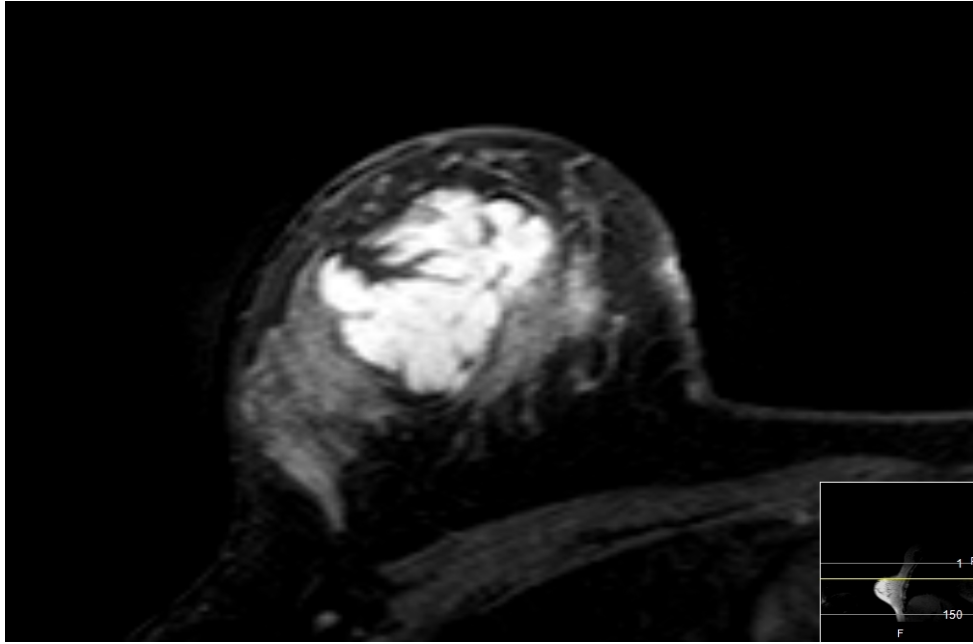


Figure 2A

Breast magnetic resonans images showing a 6 x 4 cm mass that is heterogenous in T1 and T2 sequences, with lipoid component inside, highly contrasted and showing contrasted areas in late stages which mostly looks like hemartomas

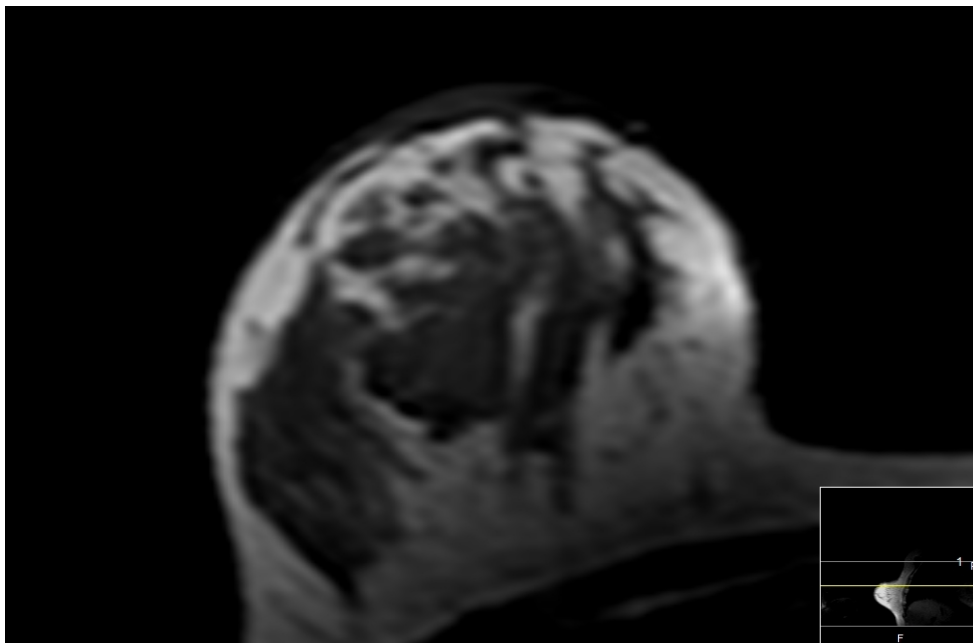


Figure 2B

Breast magnetic resonans images showing a 6 x 4 cm mass that is heterogenous in T1 and T2 sequences, with lipoid component inside, highly contrasted and showing contrasted areas in late stages which mostly looks like hemartomas

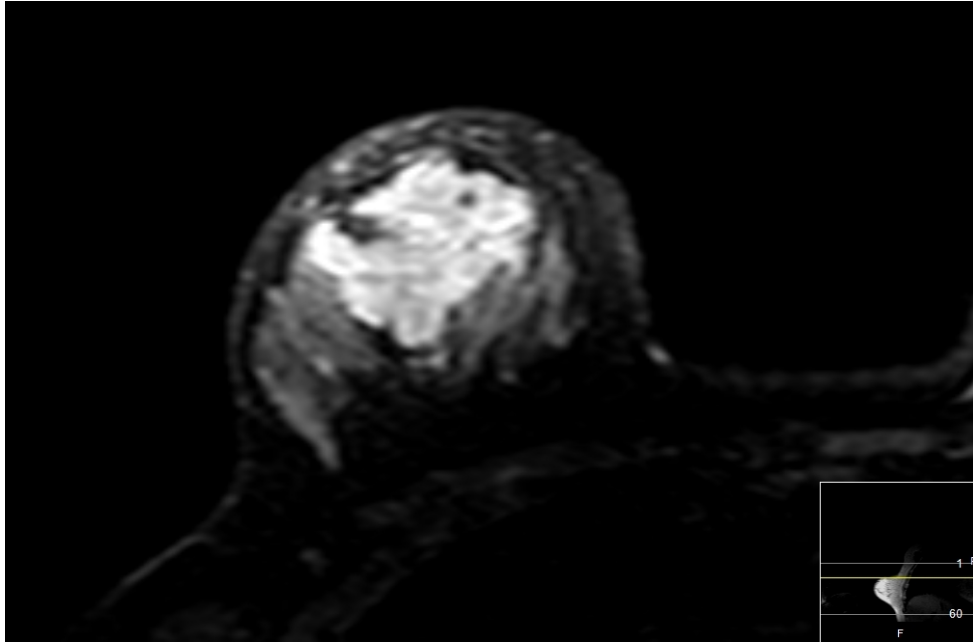


Figure 2C

Breast magnetic resonans images showing a 6 x 4 cm mass that is heterogenous in T1 and T2 sequences, with lipoid component inside, highly contrasted and showing contrasted areas in late stages which mostly looks like hemartomas

During surgery mass was excised from an incision made at the right upper quadrant of the breast. The mass was nearly 50 grams weighted, bilobulated, 6 x 5 cm in diameters having regular surface, yellowish in colour and capsulated macroscopically (Figure 3).



Figure 3

The image of the mass weighted 50 grs, bilobulated, 6 x 5 cm in diameters having regular surface, yellowish in colour and capsulated macroscopically

After the pathological examination the lesion was reported as a fibroadenoma having adenosis areas histopathologically. There had been no problem postoperatively and she had discharged from hospital postoperative second day.

Case Discussion

In most of the retrospective studies, cases were initially considered to have fibroadenomas, but in the final diagnosis they were reported to have pathologies like cystosarcoma phyllodes or hamartoma¹. Gogas et al. reported a case in which they showed malignant changes in a lesion diagnosed as hamartoma and for this reason they performed modified radical mastectomy². In another case presentation, it was informed that a microinvasive lobular carcinoma was observed in hamartoma but not previously reported in fibroadenoma³.

As a result, like other benign lesions hamartomas must also be differentiated from the malignant lesions of the breast. There were few studies which reported that because of the glandular structure of hamartomas, they have the potential for malignant transformation like in situ or invasive lobular carcinomas²⁻⁵. Histopathological analysis of biopsy specimen taken from the peritumoral tissues of hamartomas are advised for the patients who are operated for benign pathologies according to the patient's age, the size of the tumor and the family history¹. In benign breast lesions, physical examination and radiological diagnosis may not correlate with the histopathological diagnosis. In suspected cases the treatment procedure must be decided according to the histopathological results after a biopsy.

References

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Information Presentation

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