

## Accessory Breast

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### Abstract

Present study aims to investigate characteristics, diagnosis and treatment of accessory breast. All patients with swelling in axilla. All the patients undergone excision for the swelling. The follow-up period for the patients ranged from 6 months to 2 years. In all four cases no evidence of disease is found till now. Accessory swelling is a swelling in the axilla causing anxiety to the female. For management a comprehensive treatment strategy is required.

**Keywords:** Accessory Breast; Diagnosis; Treatment; Investigation.

### Introduction

Accessory breast tissue is a common congenital condition in which abnormal accessory breast tissue is seen in addition to the presence of normal breast tissue. This can be anywhere along the course of embryonic mammary streak [1].

Embryo logically ectopic breast tissue develops as a result of failed resolution of mammary ridge [2]. Ectopic breast tissue can occur at any site of milk line most common site being axilla. It may be seen in face, chest wall, vulva, knee, lateral thigh, buttock, ear, neck, shoulder, upper extremities [3,4,5].

Present study aims to perform an analysis on a series of patients with accessory breast .

Present study reports four such cases with a goal of contributing valuable information about this unusual swelling to the current literature.

### Cases

#### Case 1

Thirty-five years old female came with a swelling in the right axilla since 15 years. It was not associated with any discharge, pain, trauma or any other complaints. General physical examination was normal and patient was haemodynamically stable. On examination right breast was normal with normal nipple and areola complex. On examination there was fullness in right axilla. On palpation 5\*4cm swelling, soft to firm in consistency, mobile, non tender. No palpable axillary lymph node. Depending on examination diagnosis was made as lipoma or accessory breast. USG and FNAC of right axilla revealed accessory breast. Patient was prepared and surgical excision was done and specimen was sent for HPE which confirmed diagnosis of accessory breast. Postoperative period was uneventful.

#### Case 2

Thirty-five years female with a swelling in bilateral axilla since 10 years. It was not associated with any discharge, pain, trauma or any other complaints. General physical examination was normal and patient was haemodynamically stable. On examination bilateral axilla showed fullness. On palpation 4\*3cm swelling in right axilla and 5\*4cm swelling in left axilla. Both swellings were non tender, no discharge, soft to firm in consistency. No axillary lymph nodes palpable. USG of bilateral axilla and FNAC showed breast tissue. MRI bilateral axilla done

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which diagnosis of bilateral axillary fat query accessory breast. So depending on this patient was planned for surgery and excision was done. Post operative compression bandage given. Post operative period was uneventful.

### Case 3

Thirty years old female came with a swelling in the right axilla since 10 years. It was not associated with any discharge, pain, trauma or any other complaints. General physical examination was normal and patient was haemodynamically stable. On examination right breast was normal with normal nipple and areola complex. On examination there was fullness in right axilla. On palpation 4\*3cm swelling, soft to firm in consistency, mobile, non tender. No palpable axillary lymph node. Depending on examination diagnosis was made as lipoma or accessory breast. USG and FNAC of right axilla revealed accessory breast. Patient was prepared and surgical excision was done and specimen was sent for HPE which confirmed diagnosis of accessory breast. Postoperative period was uneventful.

### Case 4

Thirty-eight years female with a swelling in bilateral axilla since 13 years. It was not associated with any discharge, pain, trauma or any other complaints. General physical examination was normal and patient was haemodynamically stable. On examination bilateral axilla showed fullness. On palpation 6\*3cm swelling in right axilla and 5\*4cm swelling in left axilla. Both swellings were non tender, no discharge, soft to firm in consistency. No axillary lymphnodes palpable. USG of bilateral axilla and FNAC showed breast tissue. MRI bilateral axilla done which diagnosis of bilateral axillary fat query accessory breast. So depending on this patient was planned for surgery and excision was done. Post operative compression bandage given. Post operative period was uneventful.

### Discussion

Incidence of accessory breast is 2-6% in women and 1-3% in men. Although present from birth, patients are not aware of it until puberty [6]. Breast tissue develops along the mammary ridge(milk line), which extends from axilla to groin [4,7]. Presence of accessory breast tissue is uncommon [8,9]. Incidence of accessory breast tissue is more in women as

compares to men. Most common site is axilla [10,11]. Mostly accessory breast is an incidental finding on routine screening mammography. Breast ultrasound shows breast tissue indistinguishable from regular breast. For further evaluation MRI can be done [12,13]. No treatment is required in majority of cases, but surgical removal is the treatment of choice used at present [13,14,15,16]. Removal of tissue relieves discomfort [14].

The differential diagnosis of an axillary mass in a peripubertal or pubertal girl includes lipoma, lymphadenopathy, sebaceous cyst, vascular malformation and malignancy [15,17,18]. We found that accessory breast tissue may also be a cause of an axillary mass in female.

### Conclusion

Accessory breast tissue could be a cause of an axillary mass in female. So, it should be kept in mind as one of the diagnosis when a patient presents with axillary mass. MRI can be an investigation for accessory breast, apart from other investigations. Surgical excision is the gold standard treatment for symptomatic relief in patients presenting with accessory breast.

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