*Short Communication*

New Indian Journal of Surgery
Volume 7 Number 2, May - August 2016
DOI: https://dx.doi.org/10.21088/nijs.0976.4747.7216.27

# Uncommon Presentation of a Common Surgical Pathology

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**Abstract**

Fibroadenoma is one of the commonest benign lump of the breast. It is classically described as an irregular firm to hard lump of variable size with such a mobility to name it aptly as a 'breast mouse'. This clinical presentation is so well known that most of the times the diagnosis is made clinically with reasonable accuracy. We encountered an unusual and interesting presentation of this common pathology and are presenting the same. We hope this will interest the clinicians working in this field.

**Keywords:** Fibroadenoma; Sarcoma; Breast Lump.

**Summary**

A 23-year-old lady presented with a rapidly progressing mass in her right breast of 1 month duration. There were no other complaints. She was married and was having a child of 3 years who was breastfed for one year. On examination, a 15x14 cms ulcero-proliferative mass was found arising from inner half of her right breast (Figure 1 and 2). It was not fixed to the underlying structures. The nipple and areola were normal. The temperature over the lump and skin overlying the breast was not raised. There were no dilated veins. There were no lumps in the rest of the right breast, left breast and either axilla. General physical and systemic examination was unremarkable. A clinical diagnosis of phyllodes tumor or soft tissue sarcoma was made. Incisional biopsy form the lesion was done twice but was inconclusive for malignancy, so a wide local excision was done. The patient made an uneventful recovery and was discharged on 2nd post-operative day. The histopathological confirmation of fibroadenoma surprised us. Classically, a fibroadenoma is described as an irregular, firm to hard lump of variable size in the substance of the breast, not fixed to the skin or

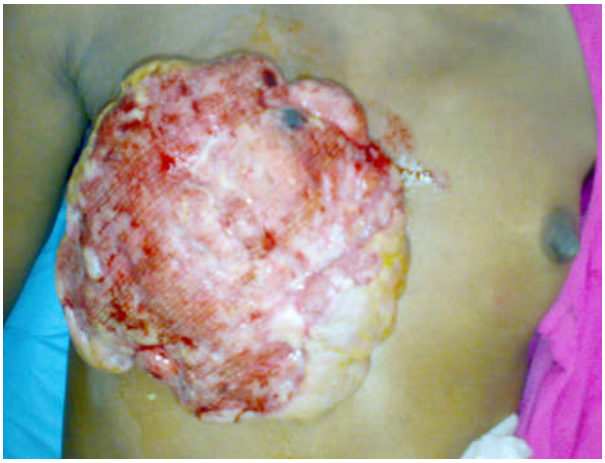

**Fig. 1:**

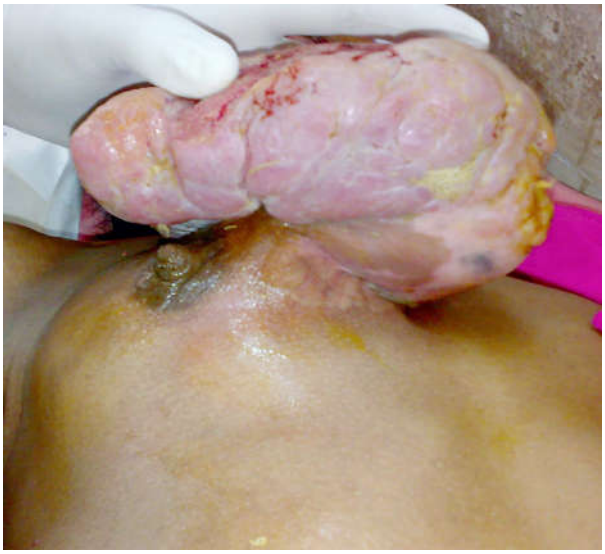

**Fig. 2:**

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deeper structures and hence, freely mobile.[1] It is the commonest benign lump in young women.[2] Fibroadenomas do not present as ulcerating masses but any lump with rapid progression can stretch the overlying skin and may lead to skin ulceration, this may have been the cause in the case presented. Surprisingly again, fibroadenomas do not present with such rapid progression. The case presented is unique as it describes two rare phenomena: a very rapid progression of fibroadenoma and its morphologic appearance closely mimicking a soft tissue sarcoma. We believe that the awareness of such presentation of fibroadenoma will be of interest to the clinicians.

**References**

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