

## “Right Breast Hamartoma in a 40 Year Old Female- A Rare Case Report”

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### Abstract

This is a case of 40 years old female presented with lump in her right breast. The patient underwent extensive breast investigation which did not confirm one particular diagnosis. The lesion was excised and sent for histopathological examination and confirmed the diagnosis of right mammary hamartoma. Breast hamartomas are uncommon and the diagnosis is difficult due to the complex appearance of mass on imaging.

**Keywords:** Breast lump, Excision, Breast hamartoma,

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### I. Introduction

Breast hamartomas defined as well demarcated, encapsulated mass, composed of all components (glandular, adipose and fibrous tissue) of breast tissue. They are also referred as adenolipoma, fibroadenolipoma, lipofibroadenoma based on the predominant components. Often giant breast hamartomas are misdiagnosed as fibroadenomas both on clinical and imaging assessment. Correct diagnosis is not made until histopathological findings is confirmed after the lesion was completely excised. Core biopsy is non-diagnostic—revealing normal breast tissue. This report is notable as hamartomas are uncommon and giant types are rare, only representing about 0.7% of benign breast tumors in women.

### II. Case Report

A 40-year-old female came with complaints of lump in her right breast for 25 years with no other complaints. Clinical examination showed a well-defined hard lump of size 20\*15 cm involving all four quadrants of the right breast with no tenderness and normal nipple areolar complex and there were no palpable axillary lymph nodes.

### Investigations

Mammogram with ultrasound correlation showed a heterogenous lesion of size 15\*10 cm replacing the entire right breast tissue and MRI right breast showed 15 x 12 x 13 cm sized well defined lobulated, T1 hypointense, T2/SPAIR hyperintense lesion with mild peripheral diffusion noted near completely replacing right breast parenchyma. Patient underwent core biopsy and reported as benign breast tissue. Routine blood investigations were normal.

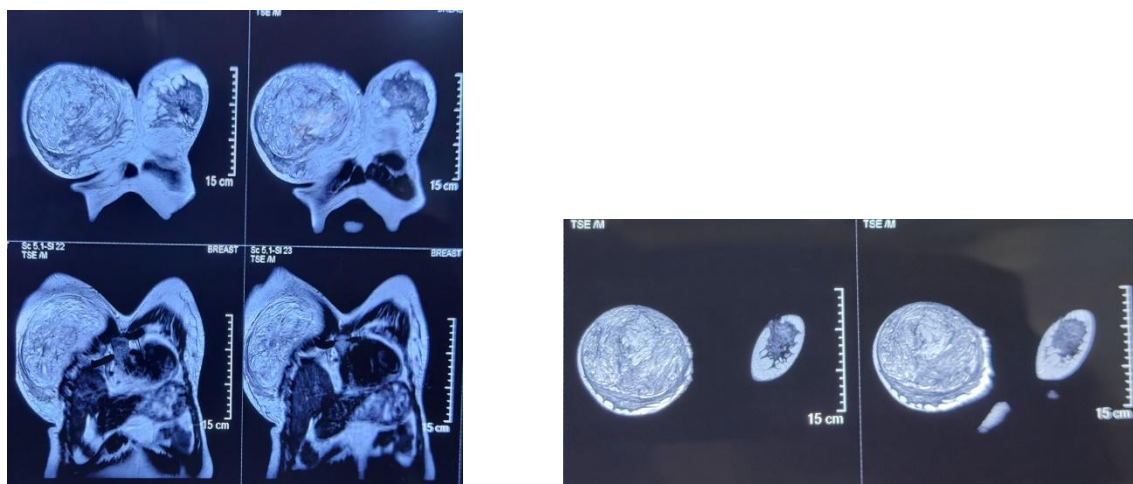


Fig 1 & 2; MRI images showing hyperintense lesion completely replacing right breast.

### III. Treatment

As the lesion replaces the entire right breast parenchyma simple mastectomy was planned, entire mass along with residual breast tissue were removed and sent for histopathological examination and it revealed well circumscribed and encapsulated lesion of size 14 x 14 x 10 cm mainly composed of fibrous stroma with duct filled with eosinophilic secretions interdispersed with lobules of mature cartilage, adipose tissue and myoid elements. No atypical features seen. Post-operative period was uneventful, Patient was discharged and reviewed and reassured about the benign nature of the disease.



Fig 3; Intra op picture showing excision of right breast hamartoma.

Fig 4 ; Specimen showing whole breast tissue replaced by hamartoma

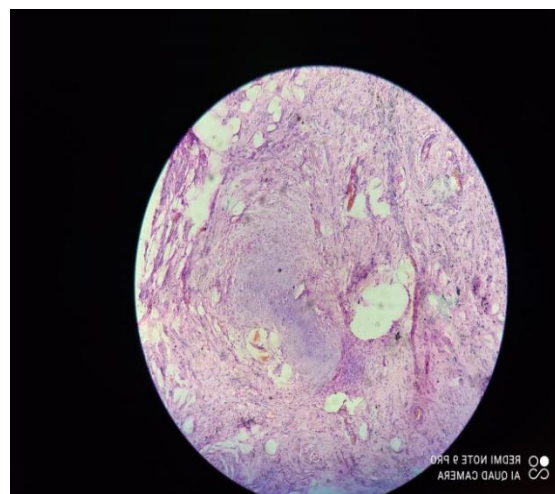
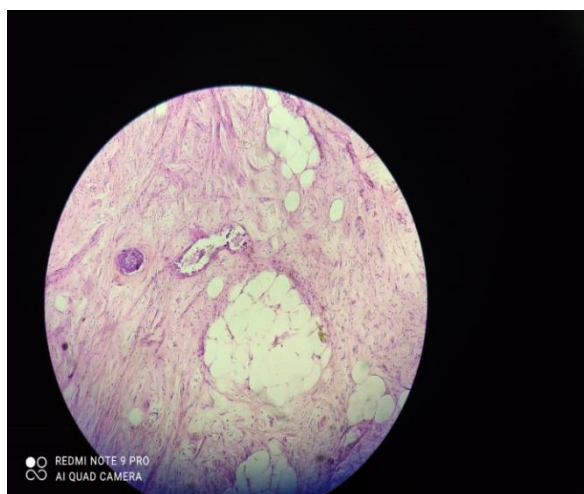


Fig 5 & 6 ; Histopathological image showing features of Hamartoma.

### IV. Discussion

Breast hamartomas are rare and usually occur in perimenopausal women during the fourth or fifth decades of life. However, they can occur at any age. Clinically presents as painless, palpable breast mass with firm to hard in consistency.

Breast hamartomas can be difficult to diagnose. Findings on mammograms, ultrasound and MRI are often not specific and can mimic soft-tissue malignancy. The diagnosis was only confirmed after histological examination of the excised mass.

Histologically, hamartomas were originally defined as a clinically discrete nodule consisting of varying amounts of epithelial elements in a fibrofatty stroma. It has suggested that the presence of fat and lobular distribution is the distinguishing features between a hamartoma and a fibroadenoma. Ninety per cent of hamartomas contain adipose tissue, making up 10%–20% volume within the hamartoma. The mass may contain pseudoangiomatous stroma and epithelial changes including hyperplasia, cystic changes or metaplasia. Core biopsy is typically not diagnostic, often finding normal breast tissue.

The mammographic appearance varies due to the varying proportions of fat, glandular and fibrous tissue within the mass. If a mammogram reveals a well-circumscribed mass of uniform fat density, the most likely differential diagnosis is a lipoma or a hamartoma. These lesions are often pseudoencapsulated as a result of displacement of breast parenchyma.

In summary, breast hamartomas can be difficult to diagnose despite the use of multiple breast imaging modalities and core biopsy. Early diagnosis is preferred to confirm no evidence of malignancy. Treatment usually entails surgical excision

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