TUBULAR ADENOMA OF BREAST, A RARE TUMOR Utpal Baruah¹, Prajna.P.Y², Pratham Kesharwani³

Abstract

Tubular adenomas are rare benign tumors of the breast seen predominantly in young women with only few cases of giant tubular adenoma being reported so far in literature [1-3]. Here, we report a case of a middle aged woman with a giant tubular adenoma of right breast.

Keywords: Giant tubular adenoma, Benign, Rare, Breast lump.

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I. Case report

A 40 yr old woman, presented to the hospital with complaints of a gradually progressive right breast lump for 1 yr .The lump was mobile, non-tender, occupying the right lower inner and outer quadrants. She remembered the mass to be around 3cm at initial presentation, which progressed to a size of 12 cm. She denied any associated symptoms. She had no medical problems, previous surgery or family history of breast or ovarian cancer. She was nulliparous and gives h/o 2 early pregnancy loses and irregular menses , associated with dysmenorrhea for 1 yr. Physical examination showed a mobile, well-defined 12cm mass in the right lower inner and outer quadrant. Well defined margins,not fixed to the skin or the chest wall, lobulated surface with prominent veins .There was no nipple discharge or axillary lymphadenopathy.



Fig 1: showing the pre-op right breast lump measuring 10cm on scale

Ultrasound of the breast showed phyllodestumour with uterine fibroid . A trucut biopsy was performed from the right breast lump, which showed Tubular Adenoma

	ISTOPATHOLOGICAL EXAMINATION (SMALL SPECIMEN)
Specimen:	
USCI guided trucut biopsy I	rom right breast lesion.
Gross examination:	
Two linear cores of grey wh	te soft tissue measuring 1.2x0.1x0.1cm.
(Critte tissue pricessed)	
Microscopic examination	
Sections show a fibrospithe shoma. These spaces are i material examined.	ital lesion. It is composed of closely packed small tubular spaces collegences ned by benign bilayered epithelium. There is no evidence of malignancy in the
mpression:	
Suggestive of tubular ade	noma, biopsy right breast.

Fig 2

All other pre-op investigations were normal.

Patient underwent Right breast lumpectomy and laproscopic uterine myomectomy under general anaesthesia. The excised breast mass was sent for biopsy, which was reported to be tubular adenoma. Post-op was uneventful and was discharged once the patient's condition improved .



Fig 3: showing the excised mass measuring 12 cm in length

II. Discussion

Tubular adenomas of the breast are extremely rare tumours. The overall incidence of breast tubular adenomas ranges between 0.13% and 2.8% [4] Most tubular adenomas occur in women of childbearing age.[5] Only two to three cases of tubular adenomas in postmenopausal women have been described in the literature.[6-8]

Tubular adenomas usually represent painless freely movable well-defined breast masses without associated skin or nipple alterations [9,10] and clinically resemble fibroadenomas [11,12].

Radiographically, in young women, tubular adenomas can look like non-calcified fibroadenomas on mammograms and well-circumscribed hypoechoic masses on ultrasounds. In older women, tubular adenomas may resemble malignant masses with microcalcifications.[4]

Histologically, tubular adenoma of the breast is defined as a benign breast lesion composed of a circumscribed mass of densely packed regular round tubules. It is sharply demarcated, but does not have a true capsule[1]. The differential diagnoses of a tubular adenoma of the breast are lactating adenoma, microglandularadenosis, sclerosingadenosis, fibroadenoma, ductal adenoma, nipple adenoma, tubular carcinoma and tubular adenosis.[11]

The risk of malignant transformation is almost non-existent, with only one case of probable transformation having been reported in literature[13]

The differentiation can be definitively made on histopathology and complete excision of the lump is curative [6]

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