



Case Study

Fibroadenoma of Mammary Like Anogenital Glands

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Previously it was considered that ectopic breast tissue in the vulva is the caudal remnants of the milk ridge. But now anogenital mammary like glands are considered to be a normal constituent of anogenital area. These glands can undergo various benign and malignant changes, which are strikingly similar to their mammary counterpart. We are reporting a case of 37years old lady, who had come to us with complaints of a slow growing mass in vulva. It was a mobile, non-tender, 6x4cm left labial mass. Complete excision of mass was done and sent for histopathological examination. Histopathology revealed fibroadenoma vulva. On clinical examination it is difficult to differentiate between extramammary lesions of vulva and other labial masses. Clinicians should be aware of anogenital mammary like glands in vulva which are susceptible to similar pathological changes as the normal breast.

Key words: Anogenital mammary glands, fibroadenoma, Vulva, ectopic breast

1. INTRODUCTION

Presence of mammary type breast tissue was first identified by Hartung in 1872. This was long considered to be ectopic breast tissue which was the caudal remnants of embryonic milk ridges.¹ Clinically, 1% to 6% of women have ectopic breast tissue.² But Van der putte did review of studies on human embryos and found that primordial of mammary glands do not extend beyond the axillary- pectoral area. He suggested the presence of mammary like anogenital glands (MLAG) in the vulva as a normal constituent. He further proposed that as breast and vulva are very widely spaced by time and place that vulval MLAG can't be derived from embryonic milk ridges.³

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2. CASE REPORT

37 years female, P4 L4 consulted our out-patient department for swelling in perineum. Over six months period, the mass had increased size from black gram to big lemon. She was not on any hormonal contraceptives. There was no family history of breast cancer. Her breasts were soft and no lump was palpable. There were no sign of polythelia or polymastia in thorax, abdomen or groin. Abdominal examination was unremarkable, without any inguinal swelling. On local examination, on inspection there was 6x4 cm smooth swelling was present on the left labia majora. On palpation, two firm, non-tender mobile swellings 4x3 cm and 3x2cm were felt below the skin of left labia majora. On per speculum cervix and vagina were healthy. Per vaginal examination revealed a six week uterus with normal fornixes. All blood investigations were normal. Ultrasonography revealed a normal uterus and ovaries. Keeping the differential diagnosis of Bartholin cyst, sebaceous cyst, lipoma and vulval myoma, patient was planned for excision of the lesion. On complete excision, two grey white globular soft tissue mass 4x3x2.5 cm and 2.5x2x1.2cm respectively were obtained. Cut section showed grey white, firm solid and gelatinous masses which were sent for histopathological examination (Fig1) Histopathology showed fibroadenoma vulva and without any identifiable breast tissue outside the lesion (Fig 2). After the histopathology report, patient was advised an ultrasonography of urinary organs, which was normal. Patient is good conditions 6 months after the excision.



Fig 1: Cut section of fibroadenoma vulva.

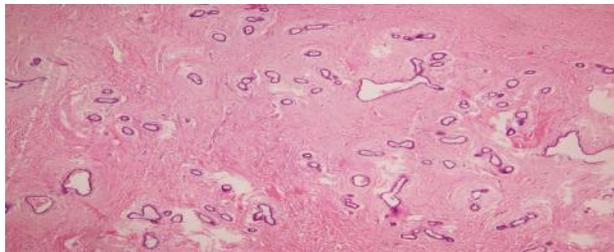


Fig 2: Histopathology showing biphasic proliferation of ducts and stroma. Increased interlobular and intralobular stroma is compressing ducts into slit like spaces (H&E x 40).

3. DISCUSSION

Mammary-type fibroepithelial neoplasms of vulva are rare lesions of uncertain histogenesis. Origin from ectopic breast tissue or MLAG that shares similar histologic homology

with breast tissue has been postulated the reason of their histogenesis.⁴

MLAG are a variant of cutaneous glands and are located in a sulcus between labia majora and minora. These glands are normally not visible and have some role in sexual function.¹ Their normal histology varies from simple glandular structures with round lumens surrounded by loosely or densely fibrotic stroma, to complex lobular units closely imitating breast tissue.

Like normal breast, these glands are sensitive to hormones and can hypertrophy during pregnancy or on exposure to exogenous hormones.⁵ Varieties of changes like benign or malignant, epithelial or stromal and metaplasia can occur in these glands, which has striking similarity to their mammary counter-part. Benign changes like fibrocystic disease-like changes, intraductal papillomas, fibroadenomas and phyllodes tumors as well as malignant neoplasms such as ductal, lobular and mucinous adenocarcinoma has been reported in literature.⁶

Ectopic fibroadenoma vulva can present at any age 20-69 years as a single asymptomatic anogenital mass. It usually presents as unilateral lesion with size ranging from 0.8-6cms. Bilateral fibroadenoma of vulva has also been reported.⁷ Duration of symptoms can vary from 8 months to 17 years. Rarely patients have coincidental breast fibroadenoma too.^{4, 6} Investigators have reported increased incidence of urinary tract anomalies such as hydronephrosis, polycystic kidneys, ureteric stenosis, and supernumerary kidneys, in these patients.⁸ So a urinary tract evaluation is also warranted. Fibroadenoma is a biphasic tumor, can sometimes reoccur. Complete excision with clear margins and cosmetic restoration is treatment of choice. If clear margins are not achieved, re-excision should be considered due to its vulnerability to same pathological changes as in normal breast.

4. CONCLUSION

Histogenesis of mammary like fibroepithelial lesion of vulva is still uncertain. But their clinical presentation and further biological behavior is similar to their breast counter-part. Fibroadenoma vulva is a rare entity but clinician should be aware of their presence and to be kept as a differential diagnosis in vulva masses. Complete excision not only confirms the diagnosis but also prevent reoccurrence.

5. REFERENCES

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