

Aberrant axillary breast tissue with pseudoangiomatous stromal hyperplasia in a man

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SUMMARY

Diagnosing accessory breast tissue in a male patient is difficult when the condition is unilateral, and there is no areola or nipple. Pseudoangiomatous hyperplasia of the mammary stroma is an uncommon benign mesenchymal proliferation that may mimic low-grade angiosarcoma. We report herein an example of tumoriform pseudoangiomatous hyperplasia of the stroma arising in the accessory breast tissue of a 38-year-old man. The condition presented as a palpable tender axillary mass. Histopathologically, there were no changes of gynecomastia. Only two cases of pseudoangiomatous hyperplasia of the stroma have been previously reported in the accessory breast tissue of men showing unilateral or bilateral gynecomastia. Our case is the first report without associated gynecomastia. Radiologic imaging features are not sufficiently specific to enable a prospective diagnosis of pseudoangiomatous hyperplasia of the stroma. Microscopic examination of the lesion is indispensable in making a definitive diagnosis. Awareness of the condition can avoid difficulty in diagnosing it. Aberrant breast tissue with mass-forming pseudoangiomatous hyperplasia of the stroma, whilst rare, should be included among the benign proliferative mesenchymal lesions of the axilla.

Keywords: aberrant breast tissue-accessory breast tissue-pseudoangiomatous stromal hyperplasia-gynecomastia-angiosarcoma-axilla

Aberantní axilární tkáň mléčné žlázy s pseudoangiomatózní stromální hyperplázií u muže

SOUHRN

Diagnostika tkáně akcesorní mléčné žlázy u muže je obtížná, především v případech, kdy jde o jednostrannou lézi a není vytvořena akcesorní bradavka. Pseudoangiomatózní hyperplázie stromatu mléčné žlázy představuje neobvyklou benigní mezenchymální proliferaci, která může mimikovat low-grade angiosarkom. Popisujeme případ tumoriformní pseudoangiomatózní hyperplázie stromatu akcesorní mléčné žlázy u 38 letého muže. Léze se prezentovala jako axilárně lokalizovaný pohmatově tuhý útvar.

Dosud byly popsány pouze dva případy pseudoangiomatózní hyperplázie v akcesorní mléčné žláze u muže, s jednostrannou či oboustrannou gynekomastií. Náš případ je prvním, který není s gynekomastií asociován.

Pseudoangiomatózní hyperplázie stromatu nelze spolehlivě diagnostikovat pomocí zobrazovacích metod, pro definitivní diagnózu je nepostradatelné histologické vyšetření léze.

Klíčová slova: aberantní tkáň mléčné žlázy – akcesorní mléčná žláza – pseudoangiomatózní stromální hyperplázie – gynecomastie – angiosarkom – axila

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Accessory breast tissue (ABT) is a residual mammary tissue left over from embryologic development. The various forms of ABT can be classified simply as polymastia, polythelia and aberrant breast tissue (1). Polymastia corresponds to breast tissue containing glands with a duct system that communicates with overlying skin. Polythelia signifies the presence of accessory nipples or areolae. Aberrant breast tissue is the presence of disorganized secretory glandular tissue that is not related to the skin (1,2). ABT is most commonly observed in the axilla. However, it can be seen in the thoracoabdominal region of the milk line, and exceptionally in different ectopic sites outside the milk line such as the neck, face, chest, shoulder, arm, back, thigh, buttock, hip, and vulva (1,3-5).

ABT is more prevalent in women and can be bilateral. The incidence varies between 0.4 % and 6 % in women of various

ethnic groups, with the highest prevalence being in the Japanese population (4). The condition is uncommon in male patients. The ratio of men to women is 1:5 (6).

We report herein a case of aberrant axillary breast tissue in a man presenting an axillary mass. The diagnosis was established after a histopathologic examination of the surgical specimen. The rare presence of the tumoriform pseudoangiomatous stromal hyperplasia (PASH) was also found.

CASE REPORT

A 38-year-old man had noticed a right axillary mass that had developed over several years. The mass had increased in size and had been associated with discomfort and pain during palpation in the previous three months. The man's past clinical history was irrelevant. A physical examination showed a lump in the right axilla measuring 3.5 x 1 cm that was firm in consistency, mobile, and painful on palpation. The skin over the swelling was normal. A provisional clinical diagnosis of axillary lymphadenopathy or lipoma was made.

Sonography revealed a poorly defined 3 x 2.5 cm, hypoechoic, oval subcutaneous area in the central region of the axilla. The echotexture was similar to the surrounding subcutaneous tissue with internal tubular hypoechoic structures and no vascular

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