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Lactating Adenoma: A Case Report

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Abstract:

Background: Lactating adenoma are rare benign stromal breast tumors that typically occur in the peri-partum period. They are prevalent breast tumours during pregnancy and lactation due to breast enlargement and hormonal changes.

Aim: To present this rare clinical entity and offer management option

Case report: She was Mrs A.C a 25 year old primipara who presented at 8 weeks post-partum at the Surgical outpatient clinic of the Rivers State University Teaching Hospital with a breast swelling. She was first seen at 27 weeks gestation when she declined surgical intervention. On physical examination she had a right non-tender breast mass which measured 8 centimeter (cm) by 6 centimeter (cm). She declined immediate surgery and was commenced on bromocptine. An excellent response with shrinkage was elicited She had a successful left breast lump excision and vertical mammoplasty with anterior and superior pedicles under general anesthesia. Histology revealed lactating adenoma. She was discharged on her 4th post-operative day in good clinical condition. She had an excellent cosmetic result and was in a satisfactory clinical state on subsequent follow-up visits at the surgical outpatient clinic.

Conclusion: Lactating adenoma is a rare clinical entity. High index of suspicion should be entertained for patients presenting with this breast tumour with prompt diagnosis and as surgical intervention produces favourable outcome.

Keywords:- *lactating, adenoma, vertical, mamoplasty, anterior, superior, pedicles. Bromociptine.*

I. INTRODUCTION

Lactating adenoma are rare benign stromal breast tumors that typically occur in the peri-partum period.[1] They are prevalent breast tumors during pregnancy and lactation due to breast enlargement and hormonal changes.[1,2] lactating adenoma are usually slow growing and smaller than 3cm in maximum diameter.[3,4]

Rare cases of giant lactating adenoma with rapid antepartum enlargement or antepartum surgical management.

II. CASE PRESENTATION

She was Mrs AC 26-year old primipara who presented at 27 weeks gestational age with a two-month history of a rapidly growing swelling in her left breast, The swelling was associated with a feeling of heaviness and the patient was embarrassed by the disparity in the breast sizes. She had no family history of breast or other malignancies.

On examination the left breast was markedly larger than the right with edema and visible veins There was a huge, firm and mobile mass occupying most of both lower quadrants of the breast causing marked asymmetry. The mass that was warm, not tender, well defined and approximately12 cm in diameter. There was no axillary lymphadenopathy. The abdominal examination was normal and in accordance with her gestational age.

A working diagnosis of a malignant phyllodes tumor was made on the basis of rapid growth and absence of lymphadenopathy.

Breast ultrasound revealed a huge heterogenous solid/ cystic hypoechoic mass measuring 9.6 x 8.5cm spanning from 3to 9o'clocklower quadrants. Skin and soft tissues were engorged and thickened.

An urgent core biopsy was done which showed proliferation of variablydilated small and medium sized ducts lined by columnar cells with supranuclear cytoplasm The ducts were filled with pinkish secretions, In addition to this were enlarged mammary nodules and a normocellular stroma. There was no evidence of malignancy. The histological diagnosis was consistent with lactating adenoma.

In the interval to receipt of histopathology report the mass grew even larger. Our patient was offered immediate surgery but she declined due to apprehension in view of her pregnant state. After counselling she was now commenced on oral Bromocriptine 2,5 mg twice daily, Close home monitoring of her blood pressure was undertaken, A gradual reduction in size of the mass and breast was observed.

Our patient had a spontaneous vertex delivery of a live female at 39 weeks of gestation without complication. She elected to continue with bromocriptine and began formula feeding due to suppressed lactation.

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At 8 weeks post-partum, surgery was undertaken under general anaesthesia, The lump was excised enbloc. The residual ptotic breast was reconstructed with a superior and inferior bipedicle vertical mammoplasty including nipple areolar complex reduction and elevation, The surgical specimen weighed 233g, and histopathology confirmed lactatingadenoma She was discharged on her 4th post operative day without complications. Three weeks later she was fully healed and delighted with the surgical outcome. She rated the cosmetic result as excellent, Subsequent visits at three and six months pot surgery revealed sustained satisfaction.

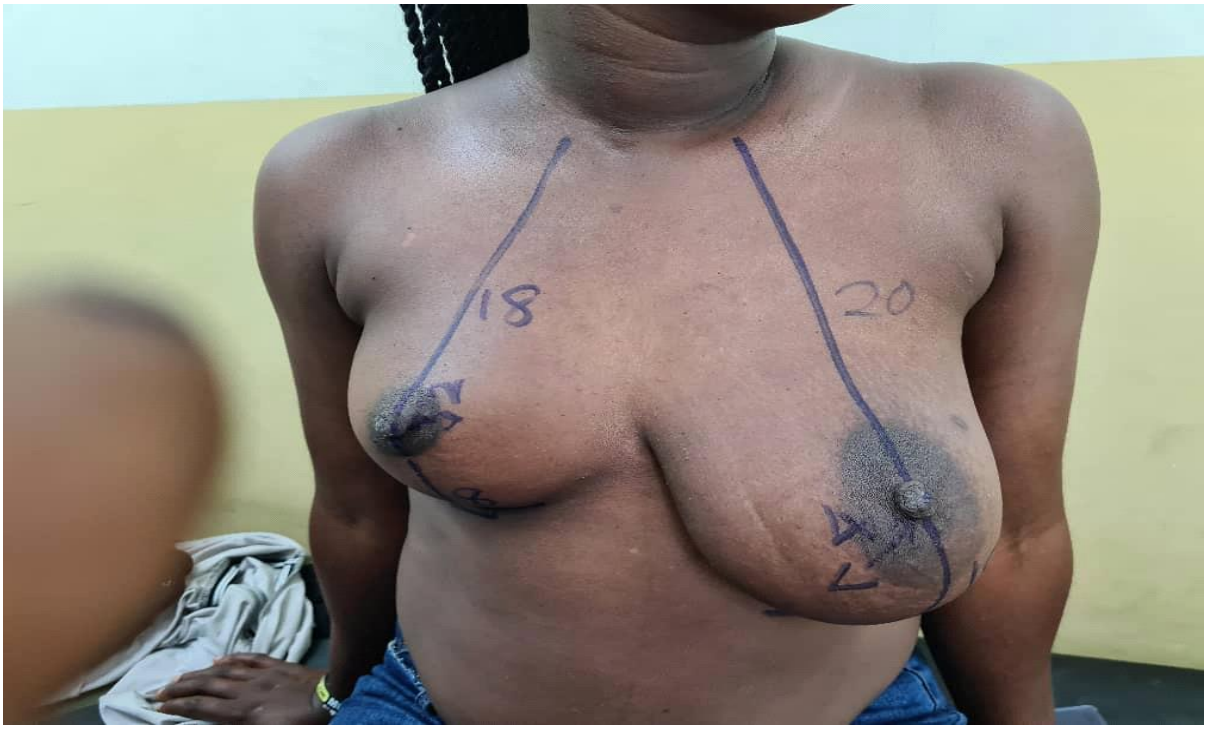

Fig. 1: Lactating Adenoma Prior To Surgery

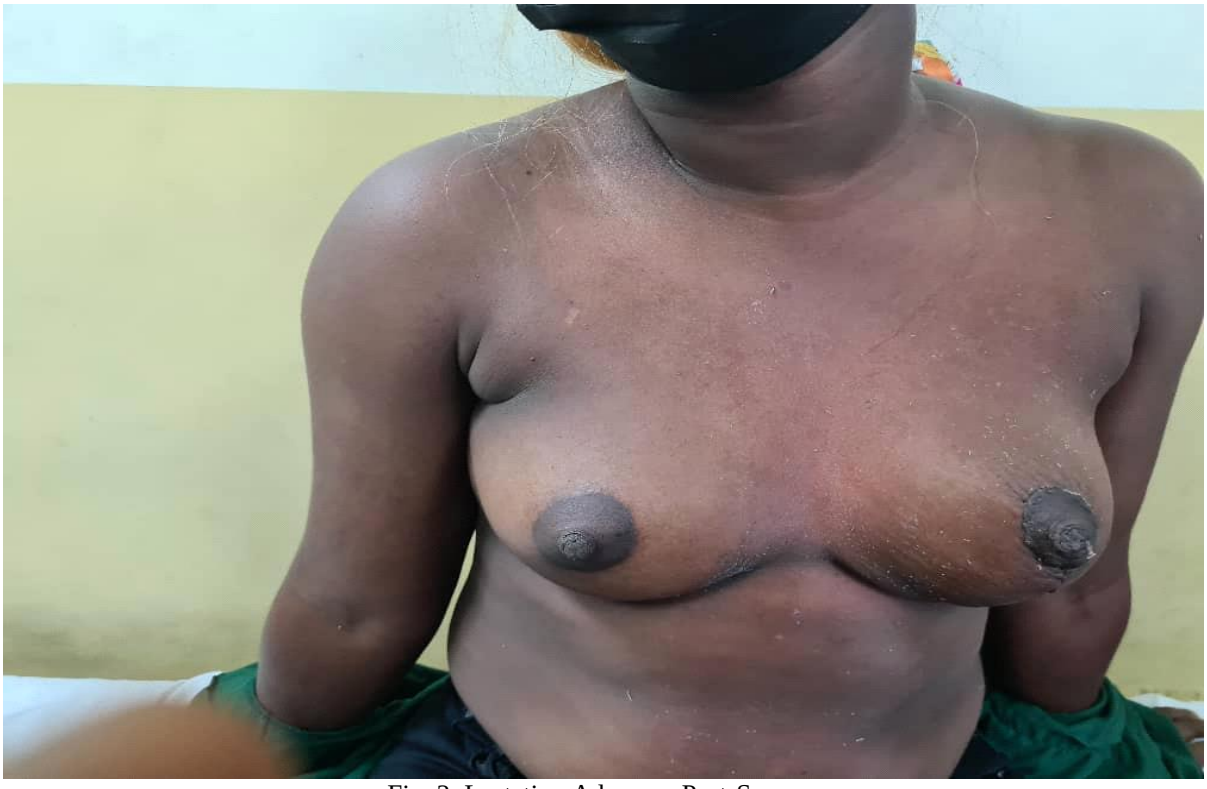
Fig. 2: Lactating Adenoma Post-Surgery

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III. DISCUSSION

Our patients Mrs. AC presented with lactating adenoma eight weeks post partum thus tumour is a rare benign breast tumour.[2] Diagnosis of this tumour needs to be distinguished from breast cancer, a common diagnosed malignancy in pregnancy.[2] In addition, it is note worthy that rare cases of giant lactating adenomas with rapid growth post – partum have been reported by researchers in the literature.[4]

Furthermore, lactating adenoma should be distinguished from carcinomas and other benign tumours like fibroadenoma under histopathologic examination.[1,2,4]

Even though our patient Mr AC, presented at 27 weeks gestation surgery was deferred to 8 weeks post-partum due to her decline of surgery and was treated with oral bromocriptin prior to surgery. Literature had shown that cases of lactating adenoma had surgical excision during pregnancy second and third trimesters of pregnancy.[1,2] However, scholars have also reported surgical interventions of lactating adenoma post-partum as in our index patient for safety of the pregnant uterus.[2,3]

Our patient had a breast radiogram prior to surgery at 27 weeks gestation which revealed a huge heterogenous solid/ cystic hypoechoic left breast mass measuring 9.6 x 8.5cm spanning from 3to 9 o'clock in the lower quadrants. Skin and soft tissues were engorged and thickened. However, in the post partum some authors have reported the use of MRI as a diagnostic tool.[1]

IV. CONCLUSION

Excision of lactating adenoma post – partum is a safe surgical procedure and a feasible option of management of this breast pathology.

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