Images in...

Breast cancer associated with an accessory nipple

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A 90-year-old female presented with a new mass along the anterolateral aspect of her chest wall. On clinical examination a hard, irregular subcutaneous lump inferior to the left inframammary fold and lateral to an accessory nipple was observed (figure 1).

Imaging and histopathology

Ultrasonography demonstrated a 2 cm well-defined hypoechoic mass with posterior acoustic enhancement. It had a complex internal structure with both solid and cystic components. The solid component of the lesion demonstrated vascularity on Doppler interrogation. A rim of accessory breast tissue surrounded the mass (figure 2).

Ultrasound-guided needle core biopsy was performed to obtain a tissue diagnosis and guide management. Histopathology confirmed intermediate grade ductal carcinoma in situ arising within a papillary lesion. The epithelium was oestrogen receptor positive, reflecting origin from breast tissue.

Management

Ideally, therapeutic surgery with wide local excision of the mass would be advised. However, the patient declined surgery and opted for conservative management. Following multidisciplinary team discussion, she was commenced on primary endocrine therapy with a non-steroidal aromatase inhibitor (letrozole). After 2 months of treatment, the mass has showed a good clinical response and halved in size.

Figure 1 Presenting lump (arrow) seen as a subcutaneous mass along the milk line inferior to the left inframammary fold and lateral to an accessory nipple (arrowhead).

Figure 2 Ultrasonography demonstrates a complex hypoechoic mass surrounded by a rim of accessory breast tissue.

Clinical relevance

The clinical and ultrasonographic images demonstrate the appearance of histologically proven breast cancer in an unusual site. Both images show the symptomatic mass to be distinct from the left breast and the accessory nipple. This emphasises that, breast related pathology need not be in continuity with either of these structures due to the variable amount of associated accessory breast tissue.

Competing interests None.

Patient consent Obtained.

REFERENCES

1. **Harris JR**, Marrow LM, Morrow M. Diseases of the Breast. Second edition. Philadelphia, USA: Lippincott Williams & Wilkins 2000.
2. **Madej B**, Balak B, Winkler I, *et al*. Cancer of the accessory breast—a case report. *Adv Med Sci* 2009;**54**:308–10.
3. **Tjalma WA**, Senten LL. The management of ectopic breast cancer—case report. *Eur J Gynaecol Oncol* 2006;**27**:414–16.

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