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RESEARCH ARTICLE

BILATERAL SUPERNUMERARY BREASTS: A CASE REPORT

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Abstract

Supernumerary breasts is a rare disorder that affects 0.4–6% of women. It is frequently misdiagnosed and is primarily found in the axilla. It typically manifests as an asymptomatic tumor during pregnancy or lactation and is bilateral. Since ectopic breast tissue can develop the same pathological alterations as a normal breast, including fibrocystic disease, cancer, and mastitis, diagnosing it is crucial. We describe a 36-year-old woman who has bilateral axillary localization of an accessory breast. Bilateral lipoma was the clinical diagnosis, and discomfort was the main complaint. Later imaging and histological analysis, however, demonstrated that it was an accessory breast tissue.

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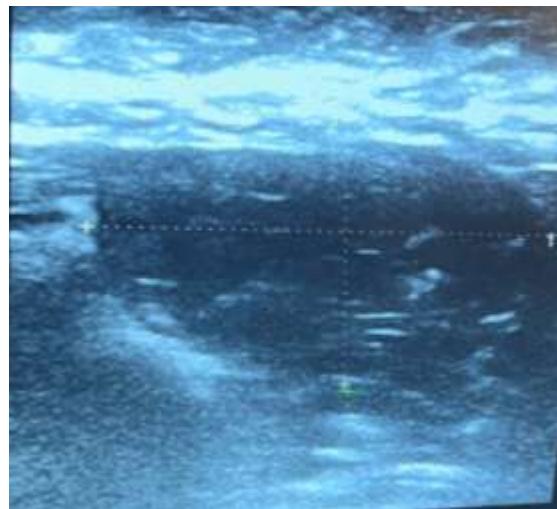
Introduction:-

Extra breasts are a fairly common anomaly. It is often confused with lipomas and axillary lymphadenopathy. During embryogenesis, approximately 5 to 7 pairs of symmetrical mammary buds are formed, distributed over two mammary ridges going from the axillary hollows to the inguinal regions. The thoracic mammary buds evolve into mammary glands while the other buds gradually involute, supernumerary breasts are due to the absence of regression of these buds. We report here the case of a patient with bilateral supernumerary breasts

Observation:-

Our patient is 36 years old, married, G7P0, she presented with bilateral axillary masses evolving for four years gradually increasing in volume (fig 1) with cyclical premenstrual pain, on examination these were of soft consistency, painless on palpation, the right mass measured 10 cm , the left one 8 cm, both were mobile in relation to the two superficial and deep planes, without inflammatory signs on the side suggesting in the first place an axillary lipoma, an echo-mammogram was done revealing a tissue ectopic breast (fig 2). Treatment consisted of bilateral surgical excision with pathological examination revealing bilateral ectopic breast tissue without signs of malignancy.



Figure 1 : seins surnuméraires bilatéraux chez notre patiente**Figure 2 : aspect échographique de la masse axillaire droite****Discussion:-**

It is an embryological anomaly that affects approximately 0.4 to 6% of the world population [1], [2], [3], [5], the incidence of which varies depending on sex, race and genetics. The axilla is the most common location [4], but it can also occur along the thoraco-abdominal region [1, 2, 6], more commonly on the left side of the body. [8]. Ectopic breast tissue behaves like normal breast tissue, which means that the normal spectrum of breast pathologies can also occur. It ranges from benign to malignant conditions, such as invasive carcinoma, medullary carcinoma. On ultrasound, it appears as a heterogeneous echogenic area of focal tissue, similar in sonotexture to normal breast parenchyma [1, 8]. It is important to know the ultrasound appearance of ectopic breast tissue, because recognition and correct diagnosis avoid the need for intervention, especially in children and adolescents. Histopathological analysis of EBT shows the presence of a columnar glandular epithelium, often hyperplastic, without signs of cytological atypia. Management of asymptomatic EBT is generally conservative [3, 7]. Clinical and imaging evaluation of EBT follow-up should not be completely ruled out [3], particularly in patients screened for or with a history of breast cancer [1, 6]. Surgical excision may be appropriate for cosmetic reasons or in cases of rapid growth or pain

Conclusion:-

Upernunary breasts are uncommon and can occasionally be difficult to diagnose. Since accessory breast tissue is susceptible to the same pathological alterations as the normal breast, including fibrocystic disease, mastitis, and even cancer, diagnosis is crucial. In order to prevent any difficulties in the future and for cosmetic reasons, surgical care is advised.

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