

## **A case of accessory breast in an adolescent female**

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## **ABSTRACT**

### **Introduction**

Accessory breast tissue is characterized by breast tissue outside of the breast and can be found anywhere along the milk line from the axilla to the vulva. The prevalence of accessory breast tissue is two to six percent of women with the average age of presentation at age 42. Incidence is uncommon in adolescents. This case describes a case of an adolescent female who presented with an accessory breast.

### **Case Presentation**

A 15-year-old female with no significant past medical history presented to the dermatology clinic with a mass under her left axilla for two years. She reported that the lesion swelled and became tender during her menstrual cycle and resolved after her menstrual cycle ended. She has not had any drainage of the lesion and does not have any similar lesions. Dermatologic examination found a solitary 4.4 cm skin-colored, poorly-defined, boggy and fluctuant subcutaneous nodule without a central punctum or surface change. Ultrasonography showed a 6.4 cm palpable lipoma. The mass was subsequently excised. Histopathologic examination demonstrated a slightly hyperplastic, hyperpigmented epidermis. The dermis contained an increased number of smooth muscle bundles with apocrine glands and mammary lobules present. This confirmed a diagnosis of accessory breast tissue.

### **Discussion**

Ectopic mammary tissue is divided into eight classes based on Kahava's classification and categorized based on presence of additional glandular tissue, nipple, and areola. Our patient is categorized as class IV, which consists of glandular tissue only, and is the most common classification of accessory breast tissue seen in adolescents. Supernumerary breast structures like areolas and nipples are typically diagnosed at birth whereas supernumerary breast tissue is not diagnosed until after hormonal stimulation which is typically seen during puberty, pregnancy, or breastfeeding. Common symptoms include cyclic pain with menstruation, fluctuating size of mass, and tenderness of the ectopic tissue. Diagnosis is confirmed by histopathological studies which show mammary lobules in dermis with smooth muscle, ducts off nipple and connective stroma. If bothersome, ectopic breast tissue can be surgically removed by direct excision or suction lipectomy.

### **Conclusion**

Accessory breasts, though benign, can cause cyclical pain with menstruation, restricted range of motion, discomfort, anxiety, and cosmetic problems. It is important to keep it on the differential when evaluating a soft tissue mass that appears along the milk line.

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