



ISSN: 0975-833X

CASE STUDY

CASE REPORT TUBULAR ADENOMA OF BREAST RESEMBLING AS FIBROADENOMA: A RARE CASE PRESENTATION

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ARTICLE INFO

Article History:

Received 22nd June, 2016
Received in revised form
17th July, 2016
Accepted 24th August, 2016
Published online 30th September, 2016

Key words:

Benign, Fibroadenoma,
Histopathological, Tubular adenoma.

ABSTRACT

Tubular adenomas are rare benign epithelial tumors of the breast, occur commonly in young women of reproductive age. Very few cases were reported in the literature. Preoperative diagnosis is often difficult as they mimic fibroadenomas both clinically and radiologically. Histopathological examination is necessary for correct diagnosis. Tubular adenoma must be differentiated from other benign and malignant lesions, which are closely related such as fibroadenoma and tubular carcinoma respectively. We reported such a rare case of tubular adenoma in young female who presented with gradually enlarging breast lump. Other systemic examination was insignificant. Clinical diagnosis was given as fibroadenoma. Surgical excision was done and on histopathological examination, diagnosis of tubular adenoma was made. They are associated with good prognosis and recurrence after surgery is rare.

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Citation: Dr. K. Seshagiri Rao, Dr. Attenbirth N Sangma, Dr. Chandan Champak and Dr. Chaitra Somashekar, 2016. "Case report tubular adenoma of breast resembling as Fibroadenoma: A rare case presentation" *International Journal of Current Research*, 8, (09), 38920-38922.

INTRODUCTION

Tubular adenomas or pure adenomas are rare benign epithelial tumors of the breast accounts for 0.13 - 1.7% of benign breast lesions (Sengupta *et al.*, 2014), that are common in the young women with mean age of 10-20 years (Mudholkar *et al.*, 2012). Clinically pure adenomas are indistinguishable from fibroadenomas. Preoperative diagnosis is difficult as both radiologic and cytologic examinations performed before surgery is often not diagnostic (Rovera *et al.*, 2006). These rare tumors must to be differentiated from other benign and malignant lesions of breast of the breast.

Case report

A 15 year old female patient came with complaints of swelling in the right breast since 6months, which was gradually increasing in size. There was no history of pain or fever and it was not associated with menstrual irregularities. On examination lump measuring 6x 5 cms was noted in the lower outer quadrant, which was non tender, firm in consistency and freely mobile. Clinical diagnosis of fibroadenoma was made. Routine investigations revealed normal study. Ultrasound of

breast revealed fibroadenoma. Patient was subjected for Excision Biopsy and specimen was sent for histopathological examination.

Gross

Irregular nodular grey white soft tissue mass measuring 4.5 x 4 x 1.5 cms. Cut section showed a well encapsulated solid homogenous grey white mass. Microscopy Multiple sections studied showed closely packed tubular structures lined by the inner cuboidal epithelium and outer attenuated myoepithelial layer surrounded by the scant intervening stroma (Fig.1-2). Based on these findings diagnosis of Tubular adenoma was confirmed.

DISCUSSION

Tubular adenoma is a rare benign epithelial tumor of the breast, first described as a distinctive entity in 1968 by Persaud *et al.* (Persaud *et al.*, 1968; Salemis *et al.*, 2012). They are considered variants of pericanalicular fibroadenomas with an exceptionally prominent or florid adenosis like epithelial proliferation. Tubular breast adenomas most often affect young women of reproductive age, but not associated with oral contraceptive treatment or pregnancy; rare in postmenopausal women. Clinically they may be asymptomatic, may be detected

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occasionally during mammography or during a physical examination as a palpable mass and are gradually increasing. Preoperative diagnosis of them is often difficult because clinical and radiological studies are non specific and are similar to fibroadenomas (Salemi *et al.*, 2012). Histopathological examination is the definitive test for confirming the diagnosis. In gross, tubular adenoma is well circumscribed with solid homogenous to finely nodular tan yellow cut surface and firm consistency, and tends to be softer than fibroadenoma. Histologically, it is characterized by the presence of closely packed homogenous acinar and tubular epithelial components with sparse intervening stroma (Soo *et al.*, 2000). These lesions are to be differentiated from other benign lesions like fibroadenoma and lactating adenomas and malignant lesion like tubular carcinoma. Fibroadenomas are composed of ducts surrounded by the abundant fibromyxoid stroma in contrast, tubular adenomas are composed of tightly packed tubules with scant stroma. Lactating adenomas are associated with pregnancy and lactation and are easily differentiated from tubular adenomas based on relevant clinical history and composed of the luminal epithelial cells of the enlarged acini have vacuolated cytoplasm and enlarged round nuclei and luminal secretion. The cells have prominent nucleoli and increase mitotic activity which are common in lactation. There is no intraluminal epithelial proliferation (Hamza and Idris, 2014). Tubular carcinomas are differentiated from tubular adenomas by invasion into the stroma. The true nature of the neoplasm remains controversial.

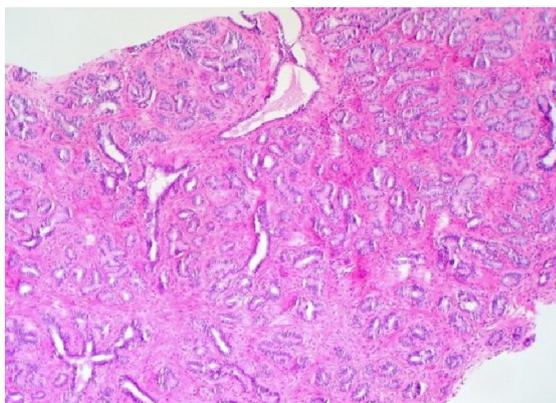


Fig. 1. H & E 4X with the tumor tissue arranged in nodular pattern

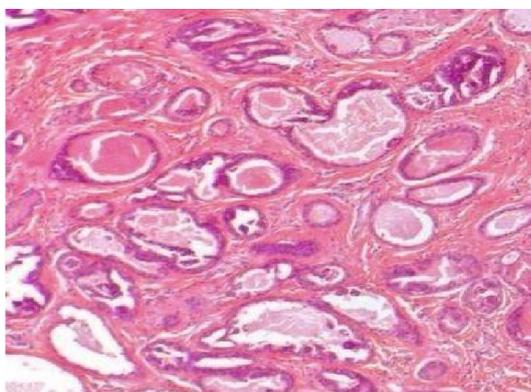


Fig. 2. H&E 40X showing double layered tubules with scant stroma

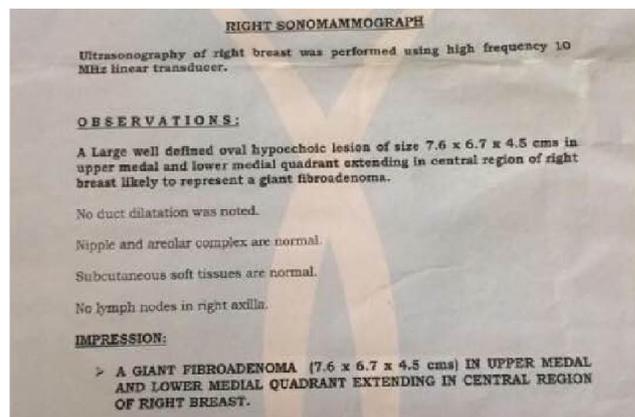


Fig. 3. Ultrasonography of Lump showing Giant Fibroadenoma

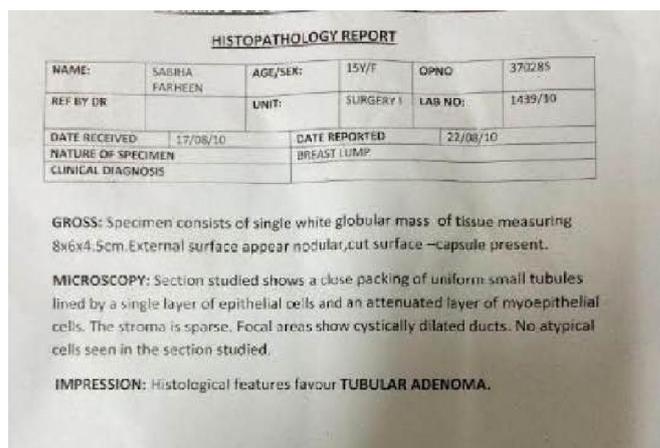


Fig. 3. Histopathology Report Showing Tubular adenoma

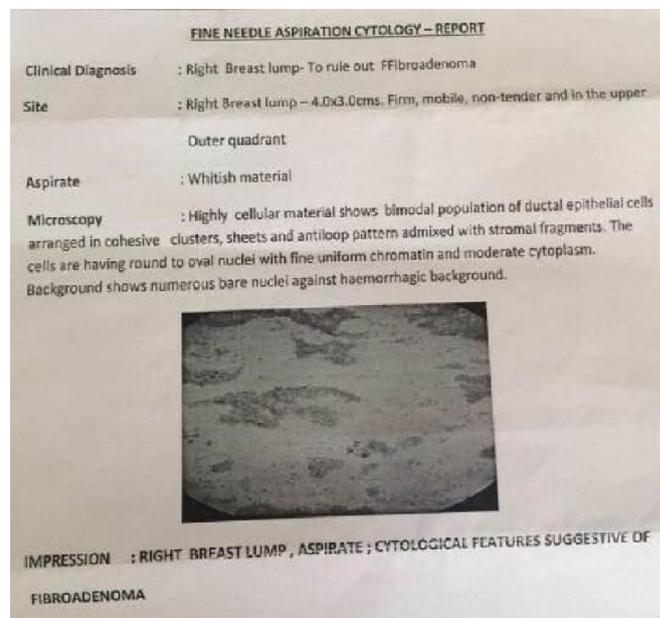


Fig. 4. FNAC of Lump preoperatively showing Features of Fibroadenoma

Some researchers supported a common histogenesis for Tubular adenoma, Lactating adenoma and Fibroadenoma reporting that the lesion is simply an extreme variant of Fibroadenoma. An immunohistochemical study of both lesions

reported that several cell components of both epithelial and mesenchymal origin were involved in the genesis of tubular adenomas (Fu *et al.*, 2014). Combined tubular adenoma and fibroadenoma account for 4% of all benign lesions and around 11% of breast adenomas. Surgical excision is the choice of treatment that is often necessary even for the confirmation of the diagnosis (Zuhair and Maron, 2014). Recurrence after complete excision is rare and hence has good prognosis

Conclusion

Tubular adenomas are rare benign epithelial tumors of breast, seen most commonly in the young women of reproductive age group. Preoperative diagnosis is often non specific and inconclusive and most cases are similar to fibroadenomas both clinically and radiologically. Histopathological examination is gold standard and is definitive for confirming the diagnosis. Surgical excision is the treatment of choice. Recurrence after surgery is rare hence, prognosis is excellent.

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