

Cyclical Mastalgia and Lactation in Axillary Breast

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Abstract: Accessory breast can present anywhere along the milk line. The tissue shows all the hormonal effects of normal breast glands. Though their occurrence is rare but when present they cause psychological and physiological effects to the patients. And cyclical mastalgia which usually involve only the breasts and accounts for around 40% of the cases referred to breast clinics. There are no reports of cyclical mastalgia in the axillary breast. In this present case there was a history of cyclical mastalgia involving the axillary breast and also showed further hormonal effects like lactation.

Keywords: Accessory, Cyclical Mastalgia, Lactation

1. Introduction

Accessory breast develops as a part of polymastia along the milk line. Clinical presentation is usually asymptomatic and its incidence is around 1% to 3% for male and 2% to 5% for females. Most of the patients usually have a bilateral accessory breasts. Patients report to clinician for swelling in the axilla causing discomfort while wearing inner wear or increase in the size of the swelling during premenstrual phase and during lactation. Lactation through this breast tissue is usually rare due to absent nipple and complete nae. Cyclical mastalgia is usually a pain or a varying discomfort in the breast lasting for varying periods of time prior to menstruation. This is generally a condition of premenopausal women, who present in the median age of about 35 yrs. (1) The pain of cyclical mastalgia is usually bilateral but not always and located in the upper outer quadrant, poorly localized.



Lactating axillary breast

2. Case Presentation

History:-- 28 yrs old female gravida 1 para 1 presented after 3 months of full term normal delivery with complaints of pain bilateral breast and a swelling in the Rt axilla since last 5 to 7 years. This was insidious in onset and cyclical in nature. Pain was more during the menstrual cycles and the swelling was initially a size of small lemon palpable only during the pain episodes. History of gradual increase in size of the axillary swelling since pregnancy to a present size of a small ball. History of and discharge from the Rt axillary

swelling since last 3 months. There was no history of fever, chills, malaise or discoloration in the swelling.

On examination:

4cmx5 cm lump is seen with whitish discharge under the Rt axilla. On palpation No discoloration or localized raised temperature over the lump. A distinct swelling 4x5cm smooth surfaced, firm, non tender mass, mobile, not fixed to underlying structures, with expression of milk on pressure from a single point. No other evident abnormalities in the breasts and axilla. Discharge was milky in nature and non foul smelling.

Ultra sound examination of axilla suggested of hypoechoic, well defined multicystic collection around 4cm x5 cm in the subcutaneous plane with few morphologically normal sub centimetric axillary evident lymphnodes.

FNAC- was inconclusive due to milky discharge

Underwent excision of axillary breast under general anaesthesia.

Histological examination of the specimen showed multiple cavities composed of markedly cystic dilated ducts of variable size and shape, lined by flattened to cuboidal epithelium. There were multiple anastomosing rounded or irregularly dilated cavities composed of cystically dilated ductal and acinar elements. Many of the ductal cavity lumina contained eosinophilic proteinaceous material and tiny vacuoles resembling milk globules. In between and the surrounding areas showed breast tissues with lactating changes all over.

Patient is comfortable operated scar well healed and her complaints of pain in the axilla has subsided completely.

3. Discussion/ Conclusion

Accessory breast develops as a part of polymastia along the milk line. Clinical presentation is usually asymptomatic and its incidence is around 1% to 3% for male and 2% to 5% for females. Most of the patients usually have a bilateral accessory breasts. However it may not be present and evident until puberty (1). These breast tissue undergo all the hormonal changes of normal breast.

Poly mastia was classified in 1915 by Kajava, (2)

Class 1-complete breast including glandular tissue, nipple and areola.

Class 2- glandular tissue, nipple without areola
Class 3-glandular tissue and areola without nipple
Class 4-aberrant glandular tissue
Class 5- pseudomamma-consisting of nipple and areola without glandular tissues.
Class 6- polythelia consisting of only nipple
Class 7-polythelia areolaris consisting of only areola
Class 8 -polythelia Pilosa consist of only hair.

There are many possible treatments for poly mastia however excision is usually recommended.(3).

While cyclical mastalgia is usually a pain or a varying discomfort in the breast lasting for varying periods of time prior to menstruation. This is generally a condition of premenopausal women, who present in the median age of about 35yrs. The pain of cyclical mastalgia is usually bilateral but not always and located in the upper outer quadrant, poorly localized. Cyclical mastalgia which usually involve only the breasts and accounts for around 40% of the cases referred to breast clinics. There are no reports of cyclical mastalgia in the axillary breast.

More than 80 per cent of women attending a breast clinic with cyclical mastalgia require no treatment other than simple reassurance, particularly that such symptoms do not imply any form of neoplastic process. About 5 to 10 per cent of patients with cyclical mastalgia experience pain despite all reassurance. For them, specific drug therapy may be considered. There is a sound theoretical basis for the use of most, but not all, agents that have been tried, despite the fact that no constant physiological or pathological changes have been identified in this condition. A large number of studies evaluating the efficacy of these drugs have been performed. However, because of the placebo effect of such treatment the results of many studies are inherently flawed, and reliance can only be placed on prospective, randomized, placebo-controlled trials. A further problem of many studies is that they do not take into account the natural history of mastalgia. As a result a false impression of benefit may occur merely from natural remission, such as occurs in pregnancy or at the menopause.

In the case presented above the women had cyclical mastalgia with a axillary breast of class 2 as stated in the above Kajava classification, though the nipple was not clearly differentiated. And the surgical excision helped her by reliving her symptoms.

References

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