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Case Report

Huge right breast lump in male: a diagnostic dilemma as gynecomastia or something else?

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ABSTRACT

Any lump in the male breast is considered as cancer until histologically ruled out otherwise. Breast asymmetry can result from unequal hypertrophy or neoplastic growth, leading fatty tumors to be clinically and radiographically difficult to differentiate from hypertrophy.2 Lipoma is one of the most common benign mesenchymal tumors derived from fatty tissue. Incidence ranges from 12 to 16% of all mesenchymal tumors. We present an unusual presentation of the huge right breast lump in male. A 46 years old male, painless giant sagging right breast. Underwent reduction mammoplasty. Excision biopsy revealed mature adipose tissue separated by thin fibro vascular septate with no neuronal component and malignant transformation. Huge lipoma in male are unusual, requires care evaluation for diagnosis. They associated with excellent prognosis, after successfully intervened. All surgeons should aware of this kind of presentation. To the best of our knowledge this is the first reported case of a huge lipoma of breast in a male. When considering for treatment, the challenging part is reconstruction the breast in full filling a normal symmetrical and aesthetic anatomic structure of the breast. various literatures.

Keywords: Gynecomastia, Huge lipoma, Mammoplasty

INTRODUCTION

Lipoma is one of the most common benign mesenchymal tumors derived from fatty tissue. Incidence ranges from 12 to 16% of all mesenchymal tumors.[1] These tumors are always well capsulated masses, can arise in any part of the body. Any lump in the male breast is considered as cancer until histologically ruled out otherwise.

Breast asymmetry can result from unequal hypertrophy or neoplastic growth, leading fatty tumors to be clinically and radiographically difficult to differentiate from hypertrophy.[2] Giant lipomas are defined as lesions that have a diameter of at least 10 cm or a weight of more than 1,000gm.[3] The present case report is an unusual presentation of the huge right breast lump in male.

CASE REPORT

46 years old male patient presented to surgical opd with swelling of right breast since 25 to 26 years, which was noticed by his wife. It was initially small in size, painless and was progressively increasing in size. Patient did not give h/o trauma and drug abused.

Patient was worried about symmetry of breast and was apprehensive about possibility of breast cancer, lipoma.

On examination: A giant sagging right breast was seen involving the infra clavicular, mammary and anterior axillary fold, whole of the breast occupied with lump. Skin over the ptotic right breast was normal. Lump was non-tender, soft, mobile in all directions, the overlying

skin was pinchable and not fixed to underlying muscle and chest wall (Figure 1).

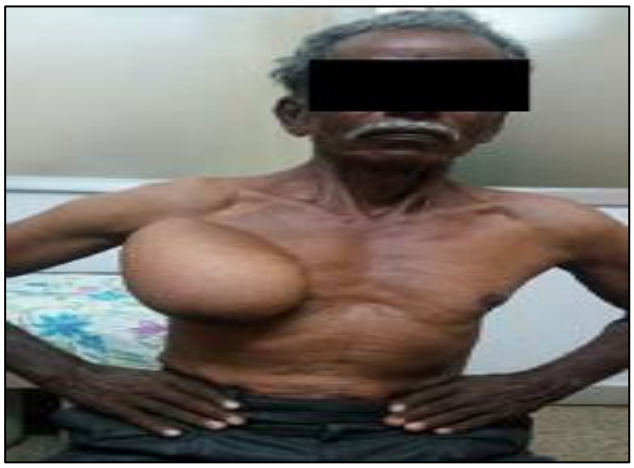

Figure 1: preoperative right-side sagging breast.

Based on the findings, patient had been given working diagnosis of benign breast disease and gynecomastia. Accordingly, hormonal evaluation was found negative, and ultrasound was suggestive of variable echogenic mass with no acoustic shadowing with minimal color Doppler flow.

Patient underwent reduction mammoplasty through an inframammary/submammary incision, extending incision along the anterior axillary fold for free delivery of the huge lump.

A 2800gms of lipoma was excised from the right breast, excess skin was excised, the tumor was located in the retro mammary space, i.e., between normal breast tissue and pectoral fascia, the tumor has displaced the normal glandular breast tissue and nipple areolar complex inferio-laterally (Figure 2).

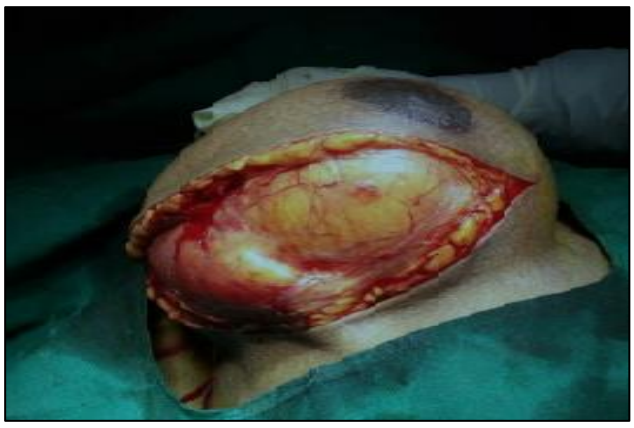

Figure 2: Intra operative.

The breast was refashioned to near normal breast, maintaining the symmetry, viability of nipple areolar complex, by repositioning glandular breast tissue, excising the excessive rudiment skin. Scar was placed in the inframammary region and along the anterior axillary fold. On gross examination, yellowish capsulated tumor, of size 26x20x10cm has doughy in consistency. Excision biopsy revealed mature adipose tissue separated by thin fibro vascular septate with no neuronal component and malignant transformation.

DISCUSSION

Lipomas are among the most common mesenchymal tumors and are usually benign, well circumscribed, and covered by a thin capsule, appearing in almost every region of the body with a prevalence of 2.1 per 1,000 people Obesity and local growth of adipose tissues (hypertrophy theory) may both be responsible for formation of a lipoma.[4,5] The metaplastic theory holds the view that lipomatous development represents abnormal differentiation in situ of mesenchymal cells into lipoblasts.[6] Trauma is also thought to play a role in development of lipomas.[7] Our patient had no history of trauma but was morbidly obese

Lipomas are among the most common mesenchymal tumours. They are uniformly benign, characteristically solitary tumours with a thin capsule. They can appear subcutaneously in every region of the body, as well as within internal organs. The breast is a common site for these tumours. Most breast lipomas are small, however, usually no more than several grams in weight. Lipomas in other areas can grow to large sizes; the largest reported was a 5 kg lipoma in the abdomen.[8]

To our knowledge, the case we present is the largest breast lipoma reported in the literature. Other breast neoplasms which can be clinically confused with lipomas include adenofibroma, adenolipoma and liposarcoma. The first two are benign and can be managed in the same manner described in our case; the latter is extremely rare.[9]

Although total excision of a tumor is the definitive treatment for lipoma, neoplasms of this size and location that result in an unequally paired organ make reconstruction a great challenge for surgeons.[10] The size and shape of the contralateral breast should be considered in choosing the surgical strategy for an adequate reconstruction to achieve a good symmetrical result. Modifications of traditional mammoplasty techniques should be taken into account, but prosthesis, autologous augmentation, reduction, or mastopexy can be used to reach this goal.[11]

CONCLUSION

Huge lipoma in male are unusual, requires care evaluation for diagnosis. They associated with excellent prognosis, after successfully intervened. All surgeons should aware of this kind of presentation. To the best of our knowledge this is the first reported case of a huge

lipoma of breast in a male. When considering for treatment, the challenging part is reconstruction the breast in full filling a normal symmetrical and aesthetic anatomic structure of the breast.

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