Giant breast lipoma in a lactating mother simulating lactational carcinoma or a sarcoma

Detroja PL; Govani DJ; Trambadia RA; Chhaniara AP; Midha PK; Patel RV*

1Surgical and Urological Hospital, 20, New Jagnath Plot, Rajkot-360001, Gujarat, India.
2Department of Surgery, Postgraduate Institute of Child Health & Research and KT Children Govt University Teaching Hospital Rajkot 360005, Gujarat, India.
3Minimal Invasive Surgical Hospital, Ram Park Main Road, Near Kalawad Road Swimming Pool, Opp. Amiya College, Rajkot, Gujarat, India.
4Global Hospital & Research Centre, Delwara Road, Mount Abu, Rajasthan 307501, India.

*Corresponding Author: Ramnik Patel
Director-Professor/Chief Surgeon, Postgraduate Institute of Child Health & Research and KT Children Govt University Teaching Hospital Rajkot 360005 Gujarat India.
Tel: 00447956896641; Email: ramnik@doctors.org.uk

Clinical image description

A 30-year-old tribal lactating mother complaining of rapidly growing and painless mass at the outer aspect of her right breast in the axillary tail area for the last couple of months. Examination showed the patient was systemically well, no weight loss, with overall good general condition. A huge pedunculated soft neoplasm with some lobulation, prominent vessels and an ulcerated area at the bottom was situated over the axillary tail area of her right breast (Figure 1). In view of the rapidly growing painless giant soft tissue tumor in a lactating mother, possibility of a rapidly growing lactational carcinoma or an aggressive sarcomatous lesion was considered as giant benign lipoma of the breast is very rare and unusual. Laboratory tests were within normal limits. Ultrasound showed soft tissue homogenous mass with prominent vessels over the surface and mammogram showed soft tissue mass with peripheral vascularity. A fine needle aspiration biopsy followed by core biopsy through the ulcerated lesion and histological examination of both biopsies confirmed the diagnosis of benign breast lipoma. The patient underwent total excision and again the histopathological examination of the specimen reconfirmed it to be a simple lipoma and it was religiously sampled and studied morphologically and by molecular studies to rule out any well differentiated sarcoma or atypical sarcomatous lesion which were all negative for sarcoma. The postoperative period was uneventful. Follow up at 10 years showed asymptomatic patient, no signs of local recurrence. The ultrasound scan and chest radiographs are normal. This case is a reminder of the facts that a simple fine needle aspiration or core biopsy is not enough for the diagnosis but the whole sample needs to be examined in detail morphologically and by molecular studies to rule out associated malignant lesions.
Citation: Detroja PL, Govani DJ, Trambadia RA, Chhaniara AP, Patel RV, et al. Giant breast lipoma in a lactating mother simulating lactational carcinoma or a sarcoma. Open J Clin Med Images. 2023; 3(1): 1094.

Figure 1: Patient image showing giant soft tissue tumour of the right axillary tail of the breast with secondary changes.

Declarations

Acknowledgement: We are grateful to Dr Vinod R Patel MB BS Primary Care Physician to refer the patient to us for further investigations and surgical treatment.

Disclosure: None of the following authors or any immediate family member has received anything of value from or has stock or stock options held in a commercial company or institution related directly or indirectly to the subject of this article.

Conflict of interest statement: All of the authors confirm that there is no conflict of interest.