

Giant fibroadenoma in the left breast: Report of a case

Rahul Shil¹, Girish Chandra MS², Shreyasee Das³

From ¹Associate Professor and Ph.D. Researcher, Department of MSN (Neuroscience), Saptagiri Institute of Medical Sciences and Research Centre, Saptagiri NPS University, Bengaluru, Karnataka, India, ²Assistant Professor, Department of MSN (Cardiovascular and Thoracic), Saptagiri Institute of Medical Sciences and Research Centre, Saptagiri NPS University, Bengaluru, Karnataka, India, ³Assistant Lecturer, Department of Nursing Sciences, Mount Shepherd College of Nursing, Bengaluru, Karnataka, India

ABSTRACT

Fibroadenoma is a generally common benign, non-cancerous lump that appears suddenly and can be very difficult to distinguish from cancer. The exact cause of fibroadenomas is unknown. About 10% of women worldwide are estimated to experience it once in their lifetime. It can affect a female at any age, even though it is more common in the age group of 20–30. In this case report, we presented a 29-year-old female patient who had a huge fibroadenoma in her left breast, measuring 10 × 8 cm. The patient underwent a lumpectomy and was recovering well. In general, the prognosis is good, but it is important to have multidisciplinary team members to properly manage the patient.

Key words: Breast neoplasm, Fibroadenoma, Lumpectomy, Tumor

Fibroadenomas are unilateral, solid, non-fluid-filled lumps that are frequently painless and benign (non-cancerous). While it can occur at any age, women between the ages of 14 and 35 are the ones who are most commonly affected. Fibroadenomas are generally firm and feel like marble-like masses under the skin and generally develop during pregnancy but will reduce during the menopause period. It was found that around 10% of women before 30 years of age may suffer from fibroadenoma once in their lifetime [1,2]. Despite the benign nature of fibroadenomas, they can mimic the clinical and radiological features of malignant breast tumors, which can contradict the treatment strategy [3]. Fibroadenomas have three different varieties: simple fibroadenoma, giant juvenile fibroadenoma, and multicentric fibroadenoma, where simple fibroadenoma consists of around 70–90% of all fibroadenomas. The exact cause is not yet known but previous studies show that there could be a relation between estrogen and fibroadenoma development. Adolescent girls with breast mass should undergo a thorough physical examination with clear communication between the patient and health-care personnel regarding the history of the mass formation. Gynecologic history collection is also very important along with the family history of breast or ovarian cancer [4,5]. Alternatively, similar signs can make it difficult for physicians to make a diagnosis.


In this case report, we present the case of a 29-year-old female who developed a giant fibroadenoma in her left breast. By sharing the case, we hope to draw attention to the early diagnosis and timely intervention for such cases to improve the quality of life.

CLINICAL PRESENTATION

A 29-year-old female complained of a wound over her left breast for 6 months and came to the hospital for immediate treatment. She was apparently normal 6 months ago when she developed a swelling over her left breast, which was insidious in onset and gradually progressive. The incision and drainage procedure was done, and about 800 ml of pus was drained, which was foul-smelling. Following the procedure, regular dressings were done, but the healing time was delayed. However, there were no signs of discharge or fever.

Physical examination shows the patient was moderately built, conscious, and oriented to time and person. Pulse was 88 beats/min, blood pressure was 110/70 mmHg, respiratory rate was 16 b/min, and SPO₂ was 98% on RA.

The mammogram result shows a well-defined large oval soft-tissue opacity with smooth margins measuring 7.5 × 9.9 × 10.0 cm with few ill-defined radiolucent areas within the center, which is noted to occupy all the quadrants of the breast, predominantly in the upper quadrants. Furthermore, the sonomammogram of the left breast shows a well-defined oval hypoechoic involving all the quadrants

Access this article online	
Received - 05 October 2024 Initial Review - 07 October 2024 Accepted - 27 November 2024	Quick Response code 
DOI: 10.32677/ijcr.v11i1.4851	

Correspondence to: Rahul Shil, Saptagiri Institute of Medical Sciences and Research Centre, Saptagiri NPS University, Bengaluru, Karnataka, India. E-mail: Shil.rahul06@gmail.com

© 2025 Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC-ND 4.0).

(predominantly in the upper quadrants) of the breast with thin linear hyperechoic foci with posterior acoustic shadowing. The X-ray of the chest was clear and with serology, which shows non-reactivity. An ultrasound of the axilla has been performed, which shows there was no lymphadenopathy present along with supernumerary breast tissue. According to the histopathology analysis, the intracanalicular type fibroadenoma is diagnosed.

Following the diagnostic test, the patient has prescribed injection of xone 1 gm IV 1-0-1, tablet pan 40 mg 1-0-0, tablet emeset 4 mg SOS, tablet zerodol P 1-0-1, and tablet chymoral forte. 1-1-1, tablet limcee 500 mg 1-1-1, and capsule becosules. 1-0-1, tablet taxim 200 mg 1-0-1 \times 5 days, tablet limcee 500 mg 1-1-1 \times 1 week. Following this, the patient underwent a breast lumpectomy, where under aseptic conditions general anesthesia was given. The patient's surgical parts were prepared and draped. An elliptical incision was taken around the S/P incision and drainage scar. The incision was deepened and the flap was raised. Mass was delineated from the surrounding breast tissue and excised. Redundant skin was excised. Hemostasis was achieved. 14th F Roma vac placed and fixed with silk 1-0. Subcutaneous tissue closed with Vicryl 2-0. Skin closed with ethylene 3-0. Following this, compression dressing was done, and the approximate size of the wound was around 5 cm. The patient tolerated well intra-OP and shifted to the post-operative ward following surgery, and the wound started to heal (Fig. 1). Furthermore, the post-operative diagnosis was a left-side giant fibroadenoma.

DISCUSSION

The most frequent benign breast tumors are fibroadenomas; however, gigantic fibroadenomas are quite uncommon [6]. However, the occurrence of nodes is not unusual [7]. Nearly half of breast lumps in young women are identified as fibroadenomas. Some of the typical signs are a mobile and painless lump, which can be usually identified by palpation. Histopathological investigation and ultrasound are the primary choices for finding out the axillary mass. Ectopic breast tissue masses in the axilla encounter physiological alterations similar to those of normal breast tissue, such as pain and discomfort during pregnancy, lactation, and menstruation, where these masses are clinically significant [8]. In most cases, mammography reveals a homogenous, round, or oval circumscribed mass. However, mammography cannot distinguish between cystic or solid mass. The correlation between clinical, pathological, and imaging data is critical to providing appropriate patient care. Several earlier studies reported that patients with fibroadenomas do not have a greater risk of developing breast carcinoma unless there are proliferative alterations in the tumor or breast parenchyma or if there is a family history of breast cancer [9,10].

Surgeons often face the uncertainty of whether to remove the mass by surgical technique or monitor it through follow-up. However, removal of the lesion can give a better solution, but it could give an unfavorable esthetic result. Moreover, for some patients, body image disturbance could lead to emotional distress. Therefore, some surgeons perform an excisional biopsy, which is an effective option but expensive [11]. However, there is no standard treatment protocol, and the treatment will depend on the

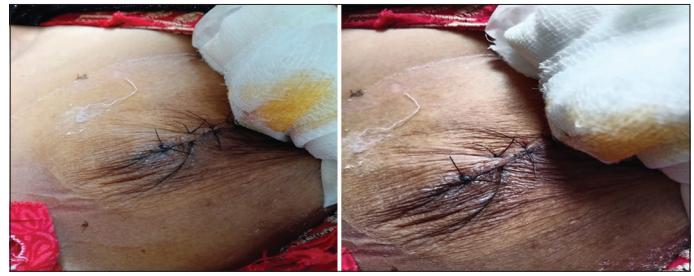


Figure 1: The left breast lumpectomy post-surgical site

type of tumor [12]. In general, fibroadenomas will shrink over time but if their size is large then other surrounding breast tissues will be compressed. Therefore, many females will prefer surgical approaches such as lumpectomy or cryoablation [1].

Our patient did not have any family history of breast cancer; therefore, a left breast lumpectomy was done. Following the surgery, after 3 days, the patient's general condition improved. The wound was clean, and no pus was found. Following this, the patient was discharged from the hospital and asked to follow up with surgery OPD after 1 week.

CONCLUSION

Although fibroadenoma is common, patients can show alternative pathological features, which could lead to many differential diagnoses. Proper history collection with physical examination, FNA, and ultrasound is important for women who have lumps in the breast. Cancer screening with genetic testing is important for young women to diagnose the condition in an early stage. An excisional biopsy is recommended for any masses in case the diagnosis is not confirmed.

REFERENCES

1. Ajmal M, Khan M, Van Fossen K. Breast fibroadenoma. In: StatPearls. Treasure Island, FL: StatPearls Publishing; 2024. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK535345> [Last accessed on 2024 Oct 02].
2. Fibroadenoma - Symptoms and causes - Mayo Clinic. Mayo Clinic; 2022. Available from: <https://www.mayoclinic.org/diseases-conditions/fibroadenoma/symptoms-causes/syc-20352752> [Last accessed on 2024 Oct 02].
3. Ramala SR Jr., Chandak S, Chandak MS, Annareddy S. A comprehensive review of breast fibroadenoma: Correlating clinical and pathological findings. *Cureus* 2023;15:e49948.
4. Soltanian H, Lee M. Breast fibroadenomas in adolescents: Current perspectives. *Adolesc Health Med Ther* 2015;6:159.
5. Fibroadenoma. Cleveland Clinic; 2024. Available from: <https://my.clevelandclinic.org/health/diseases/15690-fibroadenomas-of-the-breast> [Last accessed on 2024 Oct 02].
6. Meng X, Yamanouchi K, Kuba S, Sakimura C, Morita M, Matsuguma K, *et al.* Giant fibroadenoma of the breast: A rare case in a mature woman. *Int J Surg Case Rep* 2019;63:36-9.
7. Laporte BE, Salgado HC, Monteze NM, De Castro Rangel JM, Carvalho MA, Esperança SD. Fibroadenoma in axillary accessory breast: A case report. *Mastology* 2020;30:e20200055.
8. Virji SN, Vohra LM, Abidi SS, Idrees R. Case report: Axilla fibroadenoma - An atypical presentation. *Ann Med Surg (Lond)* 2022;80:104295.
9. Durak MG, Karaman I, Canda T, Balci P, Harmancioglu O. Cystic fibroadenoma of the breast: A case report. *Turk J Pathol* 2011;27:254.
10. Dupont WD, Page DL, Parl FF, Vnencak-Jones CL, Plummer WD, Rados MS, *et al.* Long-term risk of breast cancer in women with fibroadenoma. *N Engl J*

Med 1994;331:10-5.

11. Widiono E, Tambunan CA, Kurniawan R, Suhono U. A rare case of multiple bilateral fibroadenoma in a young woman: A case report and literature review. *Int J Med Sci Clin Res Stud* 2022;2:1168-71.
12. Jabeen N, Abdulla HA, Abushwemeh MA, Alqaseer A, Alrayes A. Giant fibroadenoma of the breast: A benign breast mass mimicking malignancy. *Int Surg J* 2021;8:1391.

Funding: Nil; Conflicts of interest: Nil.

How to cite this article: Shil R, Chandra G, Das S. Giant Fibroadenoma in the Left Breast Report of a Case. *Indian J Case Reports*. 2025; 11(1):19-21.