Bilateral Axillary Supernumerary Breasts: A Case Report and Review of the Literature

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Abstract
Supernumerary breasts or hypermastia are due to the non-regression of mammary buds during embryogenesis, with mammary glandular tissue persisting in the milky line running from the axillary line to the anterointernal surface of the thigh. Diagnosis is difficult in the absence of a nipple, which confuses them with a lipoma or axillary adenopathy. We report the case of bilateral supernumerary breasts discovered in a 34-year-old patient and managed surgically.

Introduction
Supernumerary breast is the abnormal development of breast tissue outside the normal breast. This anomaly is found in 90% of cases in the thorax, 5% in the abdomen and 5% in the armpit [1]. Exceptionally, the site may lie outside the milk line, on the face, neck, arms or hips. Supernumerary breasts are exceptionally bilateral and often asymptomatic. Diagnosis is easy in the presence of a nipple or discharge, but in their absence, it is difficult to differentiate a supernumerary breast from a lipoma or adenopathy. We report a clinical case of bilateral axillary supernumerary breasts in a 34-year-old woman.

Patient and Observation
Patient Information
We present the case of a 34-year-old woman G4P4 who presents with. Supernumerary axillary breasts appeared 10 years ago after the first pregnancy, having increased in volume until stabilization 2 years ago. Clinical examination of the axillary hollows revealed two bilateral axillary masses (figure 1), soft, slightly tender, regular and mobile in relation to the deep plane, without areolar plate or nipple. They measured 12 cm long on the right and 5 cm on the left. Mammography revealed dense areas of ectopic glandular parenchyma in both axillary extensions.

Therapeutic intervention
We opted for a surgical approach in view of the aesthetic prejudice and the risk of neoplastic degeneration. The patient underwent surgery under general anaesthesia, with a vertical elliptical incision involving the skin (Fig. 2). A glandular cutaneous detachment was performed using a monopolar scalpel, with resection of the gland at its deepest point.
The patient was discharged on postoperative day 2, and pathology confirmed the diagnosis of ectopic glandular tissue. The aesthetic result was satisfactory (figure 3).

Discussion
Embryologically: Mammary glands begin their development early in embryonic life. At week 10, the primary bud begins to branch, giving rise to secondary buds at week 12, which eventually develop into mammary lobules. Further differentiation into a full breast occurs during the rest of gestation. The rest of the mammary stria usually regresses. But incomplete involution may result in foci of supernumerary breast tissue that can be seen along the milk line. Clinically: the presence of a supernumerary nipple is the most frequent form.

Kajava has classified supernumerary breast tissue into eight classes [2].

Class I: supernumerary breast complete with nipple, areola and glandular tissue
Class II: presence of nipple and glandular tissue, but no areola
Class III: presence of areola and glandular tissue but no nipple
Class IV: presence of glandular tissue only
Class V: presence of nipple and areola, but no glandular tissue
Class VI: presence of a nipple only (polythelium)
Class VII: presence of areola only: polythelia areolaris
Class VIII: presence of a hair strand only: polythelia pilosa

In our patient, the anomaly is classified IV according to Kajava.

Radiological indings:
Mammography shows a typical appearance of glandular breast parenchyma in the axilla [3]. Ultrasound confirms the glandular nature of the mass, assessing its vascularity and its relationship with adjacent structures [4]. Breast MRI is rarely necessary, unless there is diagnostic doubt or an associated lesion [5].

As in the normal breast, the supernumerary breast can be the site of all breast pathologies, from infectious mastitis to breast cancer [6]. With a risk of cancer ranging from 0.2% to 6% [7] for axillary localization. This is why surgical excision is the treatment of choice.

Conclusion
The supernumerary breast is a congenital anomaly, with the presence of ectopic glandular tissue that is subject to any muscularization that may preserve a mammary gland. Apart from the aesthetic damage, the risk of malignant pathologies prompts surgical management.

Conflicts of Interest
The authors declare no conflicts of interest.

References
