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A CASE STUDY OF BREAST CANCER IN THE AXILLARY SUPERNUMERARY POSITION

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ABSTRACT: We present a case of polymastia in a girl of 17 years old who was found to have a supernumerary breast after surgical exploration of an axillary mass revealed the presence of a supernumerary breast on histological examination. The patient was diagnosed with polymastia as a result of the presence of a supernumerary breast. Polymastia was determined to be the patient's condition when it was discovered that the individual had a supernumerary breast. The authors make use of this finding in addition to an investigation into the relevant literature in order to explore the factors that contribute to the development of polymastia in addition to the management strategies that are available. They do this by discussing the many ways in which polymastia may be treated.

Introduction:

It is possible for the mammary tissue to become supernumerary at any time throughout the embryological development of the organism; however, this is more likely to occur at the axillary site. This is particularly true when referring to girls in general. [1] When both a nipple and a creamy discharge are present, it is not too difficult to arrive at a diagnosis. On the other side, the process will be more challenging if these characteristics are lacking or if the region mostly consists of fatty tissue. The clinical and sonographic diagnosis of his condition are likely to be challenging, and it is also probable that it will be confounded with the identification of other potential causes of mass in the axilla. Both outcomes are likely to be the case.

Observation:

It was discovered to be a girl of 17 years old who did not come from a family with a history of any recognised psychological or physical disorders. She had gone through menarche for a total of four years at the time that she presented herself for a consultation about a right axillary mass that had been present for three years and had gradually increased in volume, especially during the middle of the menstrual cycle. The size of the mass had significantly increased overall, most noticeably in the middle of the menstrual cycle. The patient was found to have a right axillary lump when being examined, even though the lump was extremely little. This was revealed over the course of the examination. The mass had a diameter of 5 centimetres, was made of a soft material, did not cause

any pain when it was palpated, and adhered to the skin while yet being movable in relation to the deep plane (figure 1–2). The presence of all these symptoms is sufficient to establish a diagnosis of axillary lipoma. The remainder of the somatic examination proceeded without a hitch, and none of the locations that were evaluated for lymph node involvement had any evidence of involvement when they were examined.

Figure 1-2: Well-limited rounded axillary mass without cutaneous modification in view.

An ultrasound was performed, which produced a picture that resulted in exhibiting characteristics that were consistent with the existence of ectopic glandular tissue at the level of the right axillary hollow. This resulted in the diagnosis being confirmed, and it was determined that the ectopic glandular tissue was present. This tissue was encased in a layer of fatty tissue on all sides, and a closer inspection of its surface revealed that it did not have any obvious nodules or cysts. The diagnosis of a supernumerary breast that did not contain any cancer cells was substantiated by the anatomopathologic examination, which led to the realisation that an excision treatment needs to be carried out in order to remedy the situation. After the treatment, returning to normal was not at all a difficult chore to do at all. It was encouraging to see regular clinical follow-up and ultrasounds being done while the development was being observed. During this time, the development was being monitored.

Figure 3: Post operative result

Discussion:

If the involution of the mammary ridge is impeded in any manner, glandular tissue may continue to exist anywhere along the milky line, which extends from the armpit to the inguinal region. This might result in the formation of extra breast buds, which, if they continue to grow, could eventually lead to polymastia, also referred to as accessory or supernumerary breasts. [1]

Roughly 67% of the auxiliary mammary glands may be found along the milky line in the thorax or abdomen, and approximately 20% of these glands can be found in the armpit. The remaining 3% of these glands can be found in the neck. [2]

There have been reports of cases happening within families [3–5], which lends credence to the hypothesis

that autosomal dominant genes are responsible for the inheritance of the condition. [6]

Our research revealed that there was no previously undiscovered family history to be identified, which is consistent with the findings of our examination. Although polymastia is something that is present from birth, it is not something that is often seen in children. This is even though it is something that is present from birth. Because of the hormonal changes that occur during pregnancy and breastfeeding, the condition is found in the great majority of cases when the woman is pregnant or while she is nursing her child. This results in an increase in the size of the cyst as well as the beginning of sensitivity or even pain in the region that was impacted. There is an increased possibility than there has ever been previously that it will be acknowledged now. [1,5,6] Although it is true that the existence of these tumours does not instantly hint to the presence of a supernumerary breast, it is important to note that this is not always the case. In clinical practise, a lipoma or adenopathy is more likely to be indicated as the origin of the symptoms as opposed to a supernumerary breast. This occurs because there is no areola present, and there is also no engorgement of the uterus that occurs during pregnancy or during breastfeeding. [6] According to Abita et al.[1], the primary clinical characteristics that point to the presence of accessory axillary breasts are a bilateral and symmetrical character of the axillary location, mobility relative to the deep plane and not the superficial plane, and a transient increase in volume during pregnancy and lactation. These three factors were found to be predictive of the presence of accessory axillary breasts. [Citation needed] It was discovered that the existence of accessory axillary breasts may be predicted by considering these three parameters. [Citation required] Auxiliary breasts, sometimes referred to as axillary breasts, frequently exhibit the aforementioned characteristics. It is consistent with the clinical diagnosis of axillary lipoma because our adolescent patient's tumour was only discovered on one side, and that it did not extend to the nipple or the areola. Imaging-wise, the breast is made up of tivo-glandular connective tissue, which gives the impression of being hyperechoic when examined via an ultrasound, and adipose tissue, which gives the impression of being hypoechoic when viewed through an ultrasound. [1] An ultrasonography examination will typically raise the potential of a lipoma when a supernumerary breast is characterised by a preponderance of fatty tissue. This is because lipomas tend to grow in areas with excess fat. It is likely that having supernumerary breasts might be a condition that is challenging to deal with on a day-to-day basis. There have been reported instances of patients being given diagnoses of mastitis, fibro-cystic alterations, fibroadenoma [9], and phyllodes tumours. [Note: phyllodes tumours are a rare form of breast cancer.] The potential for this cancerization to progress into a malignant form is a complicating factor that must still be taken into consideration, despite the fact that the prevalence of this cancerization seems to be quite low. [10] It has been demonstrated that the presence of a supernumerary breast is the symptomatic manifestation of other embryological problems, and it has even been demonstrated that it is connected to other embryological disorders. This is because supernumerary breasts are symptomatic manifestations of other embryological problems. There have been documented cases of individuals who have suffered from anomalies in their urine as a result of the disease. [4.11] While some authors only research urinary malformations when they are symptomatic and do not urge for systematic research, other authors recommend for the systematic study of these urinary malformations by conducting an ultrasound of the urinary tree [2,12]. [4.11] Other authors only research urinary malformations when they are symptomatic and do not urge for systematic research. [Other authors] are likewise advocating for further in-depth investigation. [6,13] We did not conduct any tests to determine the concentration of the patient's urine while we were doing the examination. The therapeutic approach is still a topic of ongoing discussion; while some authors advocate for abstinence despite the risk of complications, others favour a systematic excision not only because of the aesthetic handicap that this approach causes, but also because it helps prevent risks of complications such as malignant degeneration. While some authors advocate for abstinence despite the risk of complications, others favour a systematic excision not only because of the aesthetic handicap that this approach causes, but also because it helps prevent risks of complications such Some authors advocate for abstinence despite the risk of complications, while others favour a systematic excision not only because of the aesthetic handicap that this approach causes, but also because it helps

prevent risks of complications such [1,2,6]. While some authors advocate for abstinence despite the risk of complications, other authors favour a systematic excision.

Conclusion:

Due to the rarity of polymastia in the axilla, it is easy to confuse its location with the axillary site of other causes of axillary masses, such as lipomas. This is because the axillary site of polymastia is like the axillary site of lipomas. On the other side, polymastia is a disease that does not pose any health risks. It is likely that this disease will be difficult to recognise based only on the findings of the sonographic examination and the clinical presentation. This fabric supernumerary breast is likely to be the site of the same diseases as the physiological breast tissue, which prompts the necessity for the surgical removal of its removal in order to avoid complications and to ensure that the health of the physiological breast tissue is not compromised in any way.

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