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A Case Report On Mammary Hamartoma

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ABSTRACT
Hamartomas are benign formations that can develop in various organs including the kidneys,lungs , skin and breasts. Hamartoma is a rare benign lesion of the breast, accounting for around 4.8% of all benign breast lesions. Pathologically, hamartomas lack a distinctive feature. It is important to recognize this poorly recognized benign lesion as clinically and cytologically hamartoma may mimic other benign entities. We present here a case of a hamartomas of the breast in a 30year old female

KEYWORDS: Hamartmas of the breast, breast cancer, benign breast tumors

I. INTRODUCTION

Hamartomas are uncommon benign lesions composed of an admixture of fatty, fibrous connective tissue and glandular elements which are rarely associated with nalignancy. Mammary hamartomas also referred to as lipofibroadenomas, fibroadenolipomas or adenolipomas, based on their predominant components , accounts for < 4.8% of all benign breast diseases, however with increasing social awareness and wide spread breast screening, hamartomas are being routinely diagnosed with greater frequency. Higher predominance of hamartomas exists among females compared to male with a mean age of group of about 45 years old.[1-3] We report a case of mammary hamartoma in a 30 year old female patient.

II. CASE SUMMARY

A 30 year old female3 patient visited oncology department of our hospital with chief complaints of painless breast lump on right side which is gradually increasing in size since 1 year. The patient had no positive family history of breast cancer or any other significant family illness. . Blood picture and biochemical profile were within normal range. A breast ultrasonography examination revealed hypoechoic areas of size measuring 32×28mm noted in the upper quadrant of the right breast.

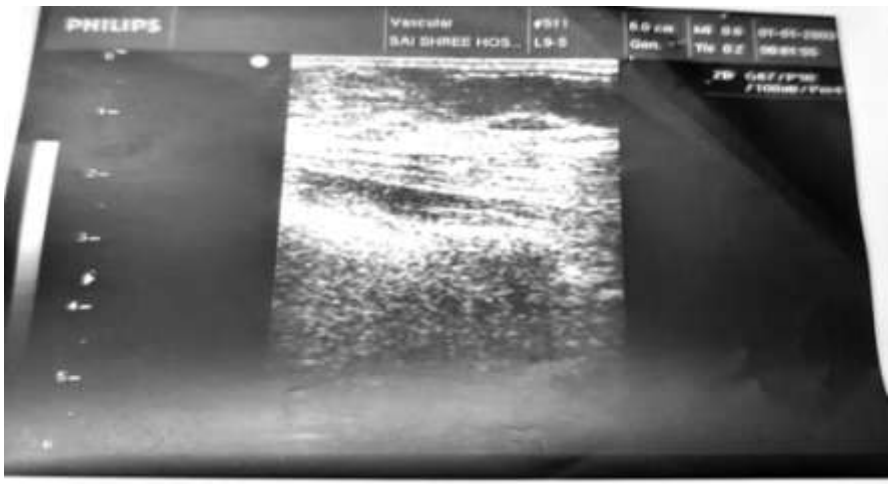

FIG.1: Breast scan showing hypoehoic areas in the upper quadrant of right breast

Cytopathology (FNAC) report: FNAC from the lump in right breast yielded cellular smears. The smears are composed of atypical epithelial cells in dyscohesive sheets and groups along with atypical stripped nuclei against a backgeound of RBC's. the tumor cells have scant cytoplasm with pleomorphic

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nuclei having coarse nuclear chromatin. Features are suggestive of Carcinoma, right breast. **Histopathology Report:** Gross examination shows a well circumscribed solid glistening grey white lesion of size 6.5×4.3×1.6cm. level I/II lymphnodes contain fibrofatty tissue bits measuring 5×3.2×1cm. Level lll lymphnodes contains fibrofatty tissue measuring 1.5×1×0.5cm. Microscopic examination shows a well circumscribed lesion comprising of breast parenchyma arranged ion lobules with intervening arteas of fibrosis and adipose tissue. The ducts are lined by bilayered epithelium. Focal areas show dilated ducts lined by apocrine cells and lumen showing pale eosinophilic material. Level l,ll,lll shows 22 lymphnodes with features of reactive hyperplasia. Margins contains skin and underlying fibrofatty connective tissue. There is no evidence of malignancy studied. Features are consistent with Mammary Hamartoma.

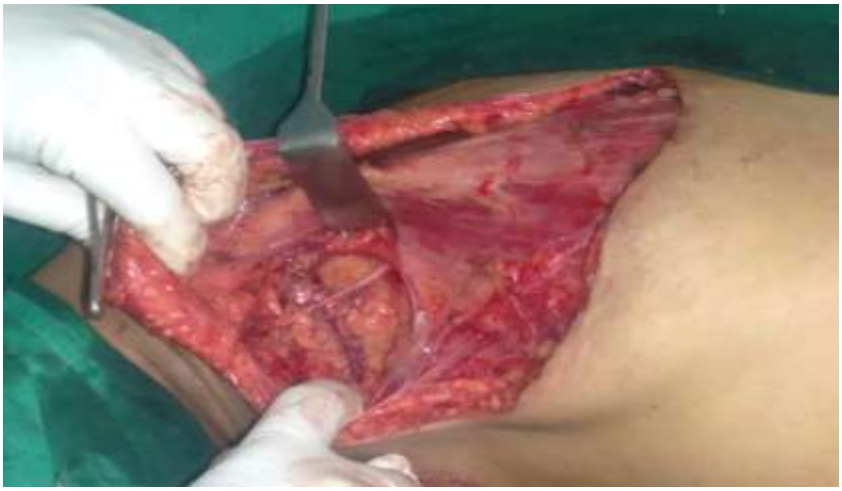

Fig.2 Intra operative picture

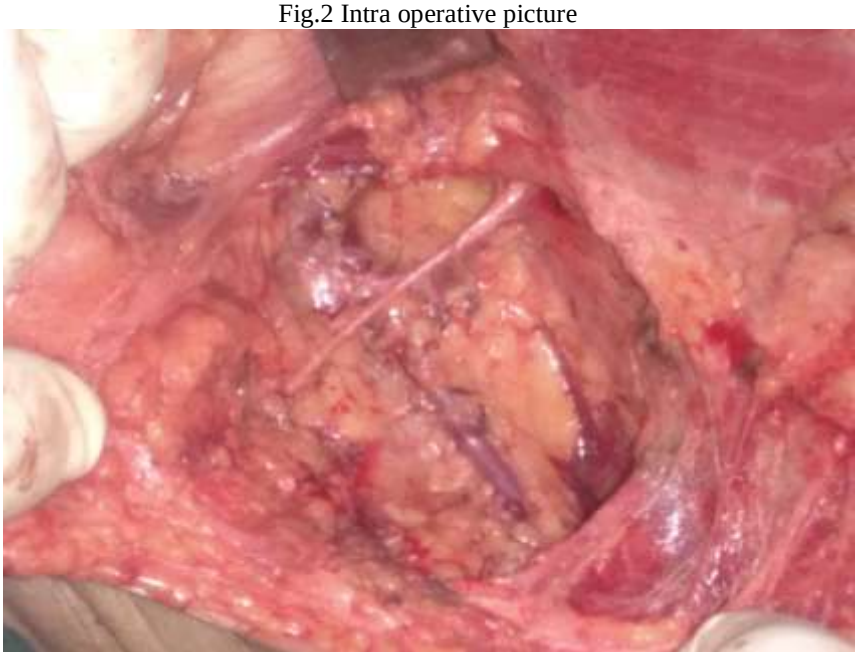

Fig.3. picture of Post mastectomy

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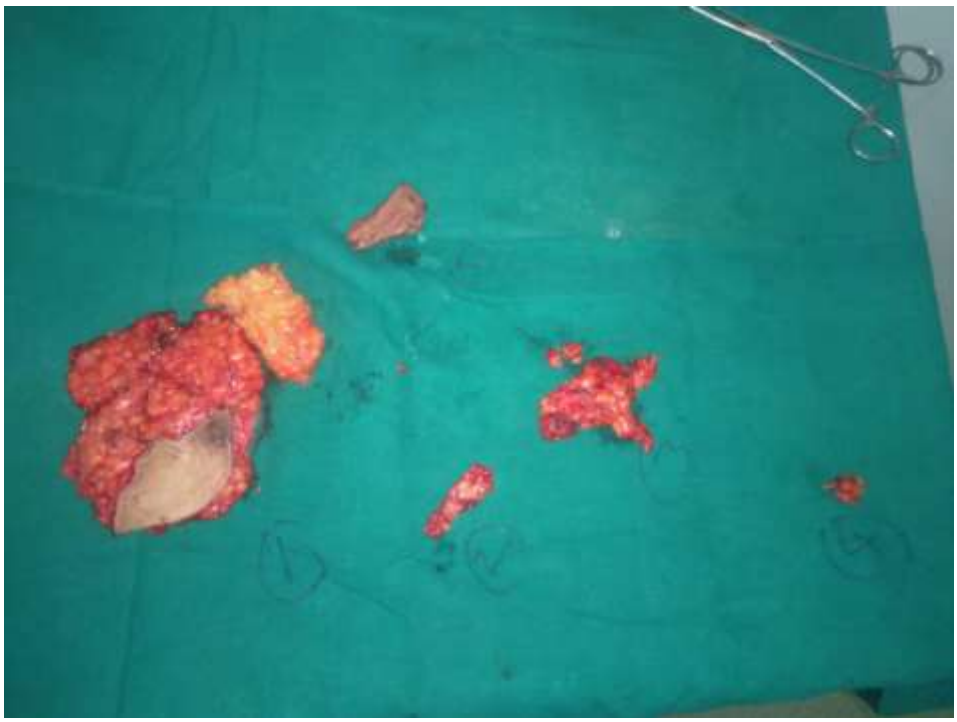

Fig.4. picture showing Axillary Lymph node

III. DISCUSSION

Breast hamartomas are poorly defined, rare, benign breast neoplasms. Hamartomas were initially defined as mastomas in 1928 by Prym . Afterward, several cases were reported and classified as adenolipomas, fibroadenolipomas or lipofibroadenomas Arrigoni et al. first used the term hamartoma in 1971. Hamartoma is referred to as myoid hamartoma, a rarer form, when it shows a significant smooth muscle component. This term was first used by Davies and Riddell in 1973. Most patients with mammary hamartoma are women, typically between the age of 33.5 and 66.5 years, with an average mass size of 5.0 cm. The pathologic features of hamartomas are not well known. The original definition consisted of a fibrous fatty stroma including various amounts of epithelial elements, as well as nodular lesions. The fibrous and fatty tissues were used for the early classification of hamartomas: McGuire et al. classified breast hamartomas as fibrous, fatty or fibrous-fatty. Jones et al. suggested 4 classification groups for breast hamartomas: encapsulated fibrocystic changes, fibroadenoma with a fibrous stroma, fibroadenoma- like and surrounded adenolipoma. These classifications were not widely accepted. [1—7]

Clinically, breast hamartomas are painless, usually mobile, softto firm lumps typically found in the outer breast quadrants. Such a clinical presentation often misleads physicians to think of otherentities such as fibroadenoma amongst other tumors. Nearly 60% ofbreast hamartomas are non-palpable and are diagnosed radiolog-ically. Ultrasound, mammography, magnetic resonance imaging,core needle and fine needle aspiration biopsy are more beneficialdiagnostic utilities for breast hamartomas. [8] Breast hamartomas have been associated withmalignancies. Only a few cases are reported in literature of breasthamartomas that are associated with in-situ or even invasive car-cinomas.Hamartomas are mostly benign lesions with recurrence seen in8% of cases. It is speculated that these cases most likely representmultifocal disease rather than true recurrence.Multiple breast hamartomas have been associated with certaingenetic abnormalities, specifically Cowden syndrome which is also known as Multiple Hamartoma syndrome [9-10]

IV. CONCLUSION

A hamartoma is a slow-growing, uncommon breast lesion that possesses certain distinguishing characteristics when mammography, sonography and histology are combined. A definite diagnosis is hard to achieve through a single examination technique. The correlation of imaging and histology findings with the clinical impression is necessary. Although the tumor is histologically benign and often painless, a hamartoma could develop to quite a large size , if local excision is not performed in time. It should also be realized

that although hamartoma are benign, coincidental malignancy may occur. The potential for recurrence is low, but has not been resolved. Hamartoma can be considered as a differential diagnosis for Breast Carcinoma. Coexistence of breast carcinoma and Hamartoma may occur in few cases.

REFERENCES

[1]. Arrigoni MG, Dockerty MB and Judd ES: The identification and treatment of mammary hamartomas. Surg Gynecol Obstet 133: 577-582, 1971.
[2]. Fisher CJ, Hanby AM, Robinson L and Millis RR: Mammary hamartoma - a review of 35 cases. Histopathology 20: 99-106, 1992.
[3]. Daya D, Trus T, D'Souza TJ, Minuk T and Yemen B: Hamartoma of the breast, an underrecognized breast lesion. A clinicopathologic and radiographic study of 25 cases. Am J Clin Pathol 103: 685-689, 1995.
[4]. Fechner RE: Fibrodenoma and related lesions. In: Diagnostic Histopathology of the Breast. Page DL and Anderson TJ (eds). Churchill Livingstone, Edinburgh, pp72-85, 1987.
[5]. Altermatt HJ, Gebbers JO, Laissue JA. Multiple hamartomas of the breast. Appl Pathol. 1989;7(2):145-8.Davies JD, Riddell RH. Muscular hamartomas of the breast. J Pathol.1973;111(3):209-11.
[6]. McGuire LI, Cohn D. Hamartoma of the breast. Aust N Z J Surg. 1991;61(9):713-6.
[7]. Jones MW, Norris HJ, Wargotz ES. Hamartomas of the breast. Surg Gynecol Obstet. 1991; 173(1):54-6.
[8]. C. Tatar, F. Erozgen, S. Tuzun, T. Karsidag, E. Yilmaz, H. Aydin, B. Ozer, Surgicalapproach to breast hamartoma and diagnostic accuracy in preoperativebiopsies, J. Breast Health 9 (2013) 186–190
[9]. Y. Sevim, A. Kocaay, T. Eker, H. Celasin, A. Karabork, E. Erden, V. Genc, Breasthamartoma: a clinicopathologic analysis of 27 cases and a literature review,Clinics (Sao Paulo) 69 (8) (2014) 515–523.
[10]. S. Lakhani, I. Ellis, S. Schnitt, P. Hoon Tan, M. Van de Vivjer (Eds.). WHOClassification of Tumours of the Breast. WHO Classification of Tumours, WHOPress, Geneva, Switzerland, 4, (2012), 147.