

A RARE CASE OF BILATERAL MULTIPLE GIANT JUVENILE FIBROADENOMAS IN ADOLESCENT WITH REPLACEMENT OF NORMAL BREAST TISSUE

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Introduction:

1. Fibroadenomas are the most common surgically treated mass in adolescents (1)
2. Giant juvenile fibroadenomas are less common and termed giant if 5-10 cm in size, replacing 4/5 of breast or >500 g (3)
3. Giant juvenile fibroadenomas are usually solitary and unilateral and are extremely rare occurrence bilaterally (9)

Case History:

- 13 year old premenarchal female referred by plastic surgeon for bilateral breast masses with plan for combined removal/reconstruction procedure
- Family history of paternal aunt with bilateral benign rapidly enlarging fibroadenomas excised during pregnancy
- Breast ultrasound: Right breast nearly completely replaced by benign appearing solid 15.6 cm mass. Left breast with 7.4 cm solid retroareolar mass.
- Rapid enlargement of right breast mass causing skin ulceration
- Physical exam: Right breast skin tightly stretched over 20 cm mass with resulting wound near areola. Left breast 10 cm mobile breast mass.
- Due to open wound and continued rapid growth, she delayed reconstruction to pursue urgent excision

Surgical Intervention:

Right breast masses were immediately encountered through lateral inframammary incision. Minimal normal tissue was identified. The cephalad peripheral 14 cm mass was easily removed. The subareolar mass measuring 22.5 cm was transected to preserve a small button of subareolar breast tissue, which contained sinusoidal vessels. Postoperative hematoma required evacuation.

She subsequently underwent post operative ultrasound of bilateral breasts revealing increased size of left breast fibroadenoma and new fibroadenomas on the right side with no identifiable normal breast parenchyma.

She returned to the operating room for essentially bilateral subtotal nipple sparing mastectomies for removal of all abnormal tissue. Right subareolar 11 cm mass and two additional 3 cm fibroadenomas, left 6 cm and 18 cm fibroadenomas. The right sided masses totalled 59 cm, and the left totalled 24 cm in size. Given the nearly normal appearance of the right breast in the interval, we opted against immediate reconstruction.

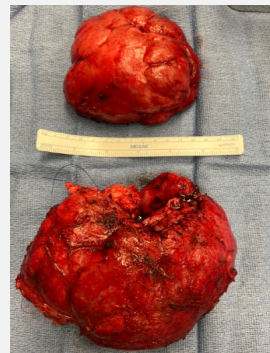


Figure 1. R breast masses – juvenile fibroadenomas



Figure 2. L breast masses – juvenile fibroadenomas

Discussion/Conclusion:

- Giant juvenile fibroadenomas can enlarge rapidly. This abnormal tissue needs to be removed in its entirety in the setting of rapid growth, preserving only normal tissue.
- One month post operatively patient developed new fibroadenomas not palpable at initial excision raising concerns for future lesions despite removal of majority of breast tissue
- Even a severely compressed immature breast will rebound after removal of the compressing fibroadenoma
- In the young age group, redundant skin is elastic and does not need to be removed at initial operation.
- Inframammary incisions provide excellent cosmetic results for removal of large benign tumors
- Reconstruction can be performed in a delayed fashion if needed

References:

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