LOCATION OF LESIONS

Ectopic breast tissue usually presents along the milk line above or below the normal breast location. It has been observed in approximately 1% to 6% of women but has also been reported in men. Occasionally it is found in unusual locations, such as the axilla, scapula, thigh, labia majora, and vulva and is not necessarily associated with a nipple.

Axillary breast tissue is present at birth but often not recognized until puberty, pregnancy, or lactation. It may present as palpable masses and undergo monthly premenstrual changes such as tenderness and swelling. These changes may cause significant discomfort, including reduced shoulder range of motion (often causing patients to hold their arms in an abducted position) and irritation from clothing.

DIAGNOSIS

Fine needle aspiration can be helpful in the diagnosis. It is important to keep in mind that tumors that occur in normally positioned breasts, such as fibrocystic changes, fibroadenomas, mastitis, and carcinoma, can also occur in aberrant or supernumerary breast tissue. Therefore, routine examination of the extramammary tissue, including mammography, should be performed. There have been reports of urogenital malignancies and urologic malformations when supernumerary nipples were present.

TREATMENT

Hormonal therapy has been used to control symptoms, but surgical removal can eliminate the physical discomfort in addition to allowing the tissue to be examined. Complete surgical excision is curative and most patients do not experience recurrence of the axillary breast tissue.

REFERENCES