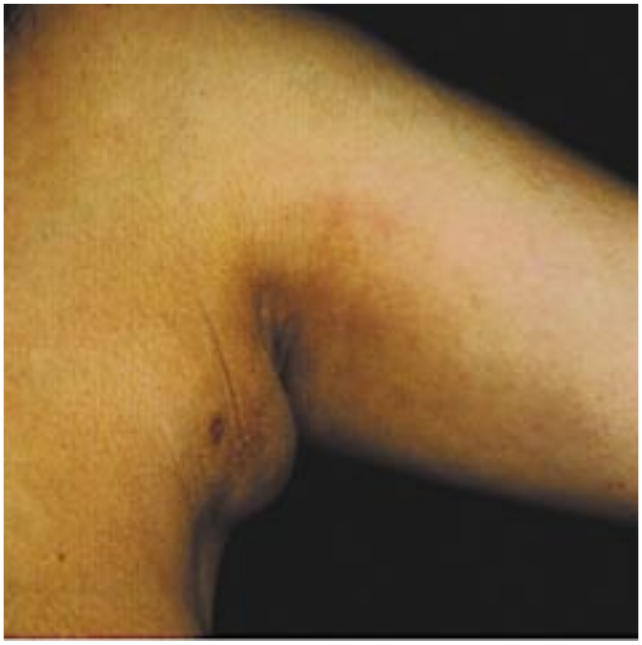
Dermacase

Charmaine D. Parameswaran MD, LRCP(LON), MRCS(ENG) Narpinder Hans, MD, MSC, CCFP Philip J. Klemka, MD, CCFP, FCFP



CAN YOU IDENTIFY THIS CONDITION?

A 26-year-old mother of two presented with a history of pain in her breasts and pain and swelling in her armpits. She had been attempting to breastfeed her 6-day-old infant; the milk started to flow well on the fifth day postpartum.

The most likely diagnosis is:

1. Supernumerary breasts
2. Aberrant breasts
3. Axillary lymph nodes
4. Hidradenitis suppurativa
5. Lipoma
6. Sebaceous cysts

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Drs Parameswaran, Hans, *and* **Klemka** *practise family medicine in Edmonton, Alta.*

Answer to Dermacase

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1. Supernumerary breasts

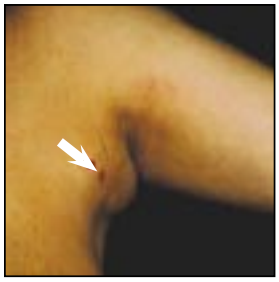

Figure 1. Arrow points to accessory nipple

This patient had a classic history of pain in the lumps under her arms when she started to breastfeed. She had had similar swellings at the same location after the birth of her first child whom she breastfed only 2 weeks. Her maternal aunt had had a similar postpartum experience.

On examination she had firm lumps symmetrically on both sides and two accessory nipples medial to the lumps (**Figure 1;** arrow indicates accessory nipple). She could express "milk" from the accessory nipples.

About 1% to 5% of the population have accessory breast tissue. The accessory tissue lies along the embryonic milk line from either the axilla or midclavicular point to the middle of the inguinal ligament in the groin. Breast tissue rarely occurs below the umbilicus and is occasionally associated with cardiovascular and renal anomalies.[1]

Distinction has to be made between supernumerary breasts and aberrant breasts. Supernumerary breasts usually have a nipple or areola, as they did in this patient. Aberrant breasts do not have nipple or areola.[2] Accessory breasts do not require treatment other than for cosmetic reasons, but we should remember that they can undergo the same pathologic changes that affect normal breast tissue.

A case report from Japan published in 1998 recognized accessory breast cancer in the axilla of a 31-year-old woman.[2] In a study in Nigeria in 1984, researchers found three of 22 women with malignant breast disease had carcinoma of accessory breasts (14% incidence).[3] Although it is rare, it cannot be ignored.

This patient was referred to the breastfeeding clinic for further management. Her choices were to stop breastfeeding if it became too painful so that the swellings would subside or to continue breastfeeding if the discomfort was tolerable. She decided to continue breastfeeding for 3 months and, when she returned for a follow-up visit, the swelling was not as prominent or uncomfortable as before.

References

1. Neinstein LS. Breast disease in adolescents and young women. *Pediatr Clin North Am* 1999;46(3):607-29.
2. Hatada T, Ishii H, Sai K, Ichii S, Okada K, Utsunomiya J. Accessory breast cancer: a case report and review of the Japanese literature. *Tumori* 1998;84(5):603-5.
3. Badejo OA. Fungating accessory breast carcinoma in Nigerian women. *Trop Geogr Med* 1984;36(1):45-9.