

Rapid enlargement of a giant fibroadenoma in pregnancy:

a case report

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BACKGROUND

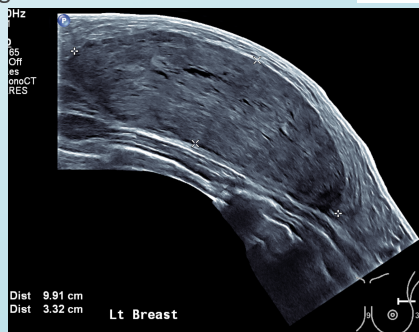
Fibroadenomas are common benign breast lesions found during pregnancy and lactation. They can grow considerably during this period due to high concentrations of estrogen, progesterone, and prolactin promoting ductal growth and formation of tubulo-alveolar structures.

CASE REPORT

A nulliparous 30-year-old lady noticed her left breast lump significantly growing in size during the second trimester of pregnancy. She had a known left breast fibroadenoma, which was diagnosed histopathologically with core biopsy and measured 57x60x19mm on ultrasound four years ago. Repeat ultrasonography at 30 weeks' gestation revealed the same well-circumscribed lesion had increased extensively to 122x100x33mm. It occupied the left upper outer quadrant and its deeper aspect abutted the anterior chest wall musculature. Due to the rapid growth and deformation of the breast tissue, she underwent complete surgical excision of the mass under general anaesthesia at 34 weeks' gestation. Safety of the fetus was provided by perioperative monitoring. Histopathology revealed a 105x83x64mm fibroadenoma with mixed intracanalicular and pericanalicular features accompanied by adenosis and lactation change. Post-operatively, the patient developed neuropathic pain in the outer quadrant of her left breast and armpits and loss of sensation in the left nipple. Post-partum, she was exclusively breastfeeding from the right breast and only able to express breastmilk from the left side.

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DISCUSSION

Fibroadenomas are characteristically found in women in their 2nd and 3rd decade of life, with an estimated prevalence of 2.2% in this age group.¹ Giant fibroadenomas are fibroadenomas larger than 5cm, usually unilateral, and manifest as breast deformity or asymmetry. They are extremely rare during pregnancy and less than five cases have been reported in the literature.^{2,3,4,5} In most cases, breast lesions were surgically removed in the postpartum period to avoid risks of general anaesthesia on fetal-maternal outcome.^{2,3,5} Only one other case reported surgical enucleation antenatally.⁴ A rapidly growing breast mass in any pregnant lady should raise suspicions of benign neoplasms. Diagnosis of large breast lesions is especially challenging during pregnancy, due to similarities in its clinical and imaging features with other breast malignancies, especially phyllodes tumours.^{6,7} Surgical treatment is generally not considered necessary in the management of fibroadenomas. However, due to the size of giant fibroadenomas, local and cosmetic problems (e.g. breast deformity/asymmetry, venous congestion, pressure necrosis) can occur, with potentially serious psychological impact to the patient.⁸ Standard treatment should involve early surgical excision to prevent structural damage to breast tissue and reconstructive surgery.⁸