Adolescent right axillary accessory breast with galactorrhoea

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DESCRIPTION

A 16-year-old girl presented with a history of tender, subcutaneous mass lesion in the right axilla with a nipple-like projection in the centre of it since birth. She had menarche at the age of 13 years and since then has this axillary mass lesion which used to become prominent during each menstrual period with some discomfort and soreness on touch. Subsequently, she noticed milky discharge from the nipple especially on pressure over the mass lesion. On examination, an elastic, firm, lobulated and well-demarcated subcutaneous mass 3.5×2.5 cm in size was found in the right axillary fossa and a well-formed nipple was seen over it. On compression, a drop of milky discharge was visible at the tip of the nipple ([figure 1](#)). An ultrasound scan confirmed it to be an accessory breast tissue. Fine-needle aspiration biopsy showed mammary gland tissue. She wanted its removal due to concerns about the periodic discomfort, cosmesis and embarrassing milk discharge. She underwent excision uneventfully. Histopathological examination confirmed it to be accessory breast tissue with a well-formed nipple. She had excellent cosmetic result. Accessory mammary tissue with or without a nipple is due to embryological non-regression of the mammary ridges which are located along the mammary line extending from axilla to pubic region.¹ An accessory nipple may be interpreted as a warty lesion and excised. Awareness about the possibility of accessory nipple and/or breast could avoid such a mishap.² Accessory breast

associated with galactorrhoea is very rare in an adolescent.³

Learning points

- ▶ Accessory nipple and/or breast is rare and possible due to failure of regression of the mammary ridge which extends from axilla to central perineum in a 'v'-shaped fashion.
- ▶ Accessory breast tissue may become prominent during ovulation, menstruation, pregnancy, delivery and lactation period and is subject to same pathology as native normal breasts.
- ▶ Galactorrhoea is an embarrassing symptom in an adolescent-associated discomfort and cosmetic effects and the inability to wear sleeveless clothes, and an excision may help with excellent cosmetic results.

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Figure 1 (A) Clinical photograph showing well-formed nipple with a distinct mass (thin arrows)—note a drop of milky discharge at the tip of nipple (big arrow). (B) Close up view showing well developed nipple and diffuse mass underneath.

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