Indian J Surg (January–February 2009) 71:50–51

IMAGES IN SURGERY

Giant breast hamartoma

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Received: 23 December 2008 / Accepted: 6 January 2009

A 14-year-old girl presented with a painless and progressively growing swelling involving the left breast of one year's duration. Physical examination revealed a non-tender well circumscribed lobulated mobile mass in the left breast. Magnetic Resonance Imaging studies revealed a well encapsulated mass lesion in the left breast predominantly containing fat in the upper quadrants (Fig. 1A). T1 weighted images showed randomly oriented hypointense areas within the lesion which turned hyperintense on T2 weighted images with no evidence of increased vascularity. This suggested a benign breast lesion, possibly a hamartoma. The patient underwent excision of the lump through a circumareolar approach followed by mastopexy to correct the ptosis of the breast. The lesion measured 13 × 9 cm (Fig. 1B). Histopathology showed lobular ducts surrounded by loose stroma and hyalinized connective tissue along with adipose tissue consistent with fibroadenolipoma (Fig. 2). She is recurrence free after one year follow-up.

Hamartomas of the breast are uncommon benign breast tumours and constitute 0.7% of all benign tumours of the female breast [1]. Giant breast hamartomas are rarely encountered [2]. Hamartoma of the breast are usually encountered during the fourth and fifth decades. They constitute the

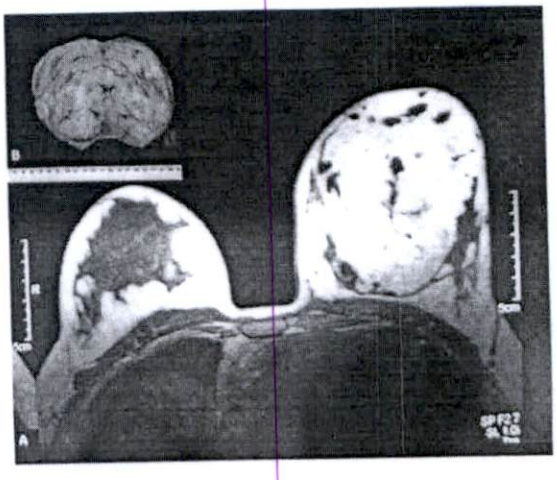

Fig. 1 (A) Magnetic resonance imaging study of breast. (B) The extracted specimen

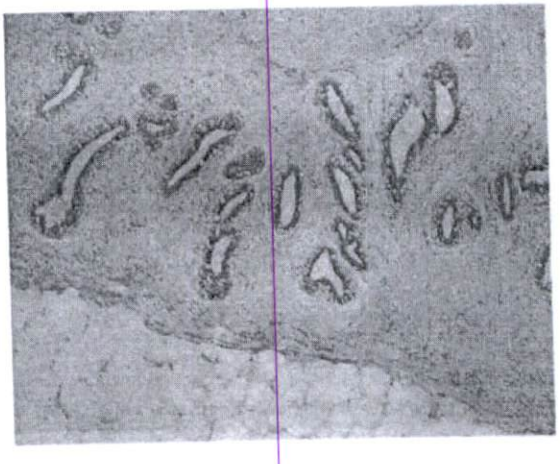

Fig. 2 Histopathology showing lobular ducts

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