

CASE REPORT

## Breast Painful Swelling at Breast Tail in Lactating Lady in Her Fourth Birth: A Rare Case of Sudden Accessory Breast Tissue with Intraoperative Finding of Significant Milk

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### Abstract

Accessory breast tissue is an uncommon condition that affects 2%-6% of women, a third of whom have more than one area of supernumerary tissue growth. We present a case of accessory breast tissue in a 34-year-old woman with a month-long history of bilateral chest pain associated with a bilateral breast tail mass. She has four children; the youngest is six months old and breastfeeding. The patient underwent excision of both masses. Intraoperatively, we found that the area of concern showed breast tissue full of a large amount of milk, which explained her symptoms. The patient underwent the intervention with no intra or postoperative complications. After a two-year follow-up, the patient is doing fine with no concern; radiologically, there is no residual breast tissue in the area of concern. (**International Journal of Biomedicine. 2025;15(1):218-219.**)

**Keywords:** accessory breast tissue • breast painful swelling • lactation

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### Introduction

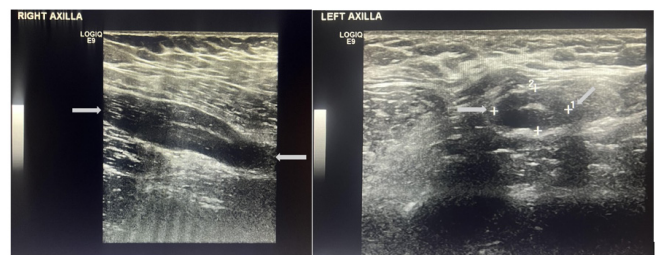
Accessory breast tissue is an uncommon condition usually found along the thoracoabdominal region of the milk line (67%), which extends down to the groin.<sup>1,2</sup> Symptoms include swelling and tenderness of the affected region, thickening of the axilla, limited range of shoulder motion, and irritation from clothing. These symptoms are usually worsened by the onset of puberty and pregnancy.<sup>3</sup> There are many possible treatments to correct polymastia; however, it is generally recommended that accessory breast tissue be excised.<sup>4</sup>

### Case Presentation

A 34-year-old woman presented to the breast surgery clinic with a month-long history of bilateral chest pain, associated with a bilateral breast tail mass and worsening chest pain for a week.

She is married and has four children; the youngest is six months old and breastfeeding. The patient has never had the same experience in all her pregnancies. She never experienced swelling or pain in the same area. On further assessment, the

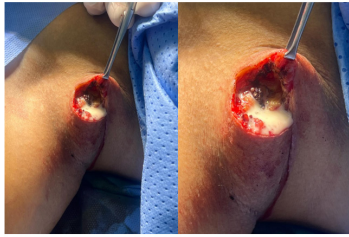
patient was hemodynamically stable and afebrile with no signs or symptoms of infection. On local examination, there was a mass on the left breast tail measuring 8×5 cm and on the right of 5×4 cm, with soft to firm texture. The impression was that it was either a breast mass or accessory breast tissue at the breast tail. Radiological ultrasonic assessment showed bilateral accessory breast tissue at the breast tail, with no comment about milk or other fluid. Otherwise, no focal solid or cystic lesions are seen on either breast side (Figure 1).



**Fig. 1.** Ultrasound: Accessory breast tissue at breast tail bilateral.

Intraoperatively, a large amount of liquid (200 mL) was discovered (Figure 2). The first portion of the liquid obtained had a thick, dark consistency, then it became a thinner liquid

and bright white, resembling an abscess that may have developed against the background of milk accumulation.



**Fig. 2.** A view of the surgical area: Fluid in different concentrations occupied all the areas of concern.

A swab showed no bacteria overgrowth; the final finding was that there was a new milk formation in addition to calcified old milk. The patient underwent excision of both masses. Intraoperatively, we found that the area of concern showed breast tissue full of a large amount of milk, which explained her symptoms. The accumulated fluid did not significantly disturb the anatomy of the surgical field. The final histopathology showed the left accessory breast tissue measured 8.5×6×4 cm, and on the right side - 5×4×3 cm, and mammary tissues were benign. No drain was inserted. The patient underwent the intervention with no intra or postoperative complications. After a two-year follow-up, the patient is doing fine with no concern; radiologically, there is no residual breast tissue in the area of concern.

## Discussion

Polymastia (supernumerary breasts) is a relatively common congenital condition in which abnormal accessory breast tissue is found in addition to normal breast tissue. However, it may not be evident until puberty.<sup>5</sup>

About 2% to 6% of females and 1% to 3% of males are affected by this condition, a third of whom have more than one area of supernumerary tissue growth. Occurrence rates vary widely based on ethnicity and gender, ranging from as low as 0.6% in Caucasians to as high as 5% in Japanese females.<sup>5,6</sup>

Extramammary breast tissue was categorized in 1915 by Kajava, whose classification system remains in use today.<sup>7</sup>

Class I *Polymastia*: Complete breast(s) with nipple, areola, and glandular tissue

Class II *Supernumerary breast without areola*: Nipple and glandular tissue, no areola

Class III *Supernumerary breast without nipple*: Areola and glandular tissue, no nipple

Class IV *Mamma aberrate*: Only glandular tissue.

Class V *Pseudomamma*: Nipple and areola, no glandular tissue, replaced by fat.

Class VI *Polythelia*: Nipple only

Class VII *Polythelia areolaris*: Patch of hair only

Class VIII *Polythelia Pilosa*: consists of only hair.

To assess the surgical treatment of axillary accessory breast tissue, Aydogan et al.<sup>8</sup> performed a retrospective analysis of 29 patients over 8 years, of which 16 patients had

unilateral, and 13 patients had bilateral accessory breasts; 21 patients underwent excision of breast tissue, 5 had liposuction, and 3 had both. It was reported that excision, liposuction, or both resulted in satisfactory outcomes.

Regardless of the technique utilized, attempts at removing accessory breast tissue can lead to surgical complications, such as contour irregularities, seromas, and possibly recurrence. Large resections often benefit from a postoperative drain.<sup>2</sup>

**In conclusion**, showing accessory breast tissue at the breast tail bilateral is a common presentation, with a variation of the fullness between both sides. The most common reasons for surgery are pain and sudden enlargement of the area, especially during lactation. The surgical intervention in our patient went smoothly without serious difficulty or complications.

## Competing Interests

The author declares that there are no competing interests.

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