

Fibromatosis of right breast simulating carcinoma at mammography

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History

A 38-year-old patient presented with a three-month history of right upper inner quadrant breast lump, which she thought had increased in size.

Clinical examination

The large firm breast is difficult to palpate deeply. There is an area of ill-defined "hardness" in the right upper inner quadrant close to the chest wall.

Mammography

There is an ill-defined spiculated density far posteriorly in the right upper inner quadrant. It is not possible to image the posterior half of the lesion. (Figures 1a & b)

Ultrasonography

A 2 cm diameter hypo-echoic solid mass with poor through transmission of sound is demonstrated. No increased vascularity is seen.

The mass is found to be fixed to the fascia anterior to the pectoralis major, but with no overt infiltration of the muscle.

Diagnosis

The lesion is diagnosed as a probable breast carcinoma.

Histology

Fibroblastic/myofibroblastic proliferation, which is in keeping with extra-abdominal fibromatosis.

Discussion

Fibromatosis is an infiltrating histologically low grade spindle cell proliferation composed of fibroblastic cells with variable amounts of collagen. Relatively few instances of fibromatosis originating in the breast have been reported; with the exception of three series totalling 67 patients.¹⁻³

The aetiology is not understood. The treatment is excision. The recurrence rate is relatively high. Clinically the patient presents with a palpable, firm or hard tumour in the breast which may suggest a carcinoma. Mammographically there is a stellate tumour usually indistinguishable from a carcinoma of the breast.

References

1. Gump FE, Sternschein MJ, Wolff M. Fibromatosis of the breast. *Surg Gynaecol Obstet* 1981;15:57-60.
2. Rosen PP, Ernsberger D. Mammary fibromatosis. A benign spindle cell tumor with significant risk for local recurrence. *Cancer* 1989;63:1363-1369.
3. Wargotz ES, Norris HJ, Austin RM, Enzinger FM. Fibromatosis of the breast. A clinical and pathological study of 28 cases. *Am J Surg pathol* 1987; 11:38-45.

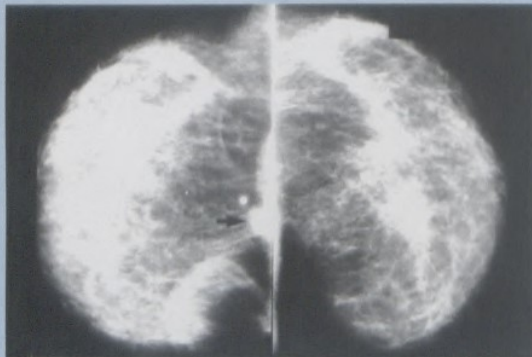


Figure 1a: MLO view mammogram. Small mass (arrow) in the right upper inner quadrant, thought to be a carcinoma

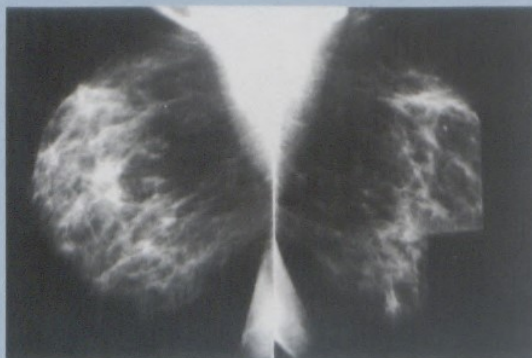


Figure 1b: CC view mammogram. Mass is not clearly visualised on this photograph