

Hamartoma of the breast in a young woman. Case report

M. VERGINE¹, P. SCIPIONI^{1,2}, E. SANTUCCI^{1,2}, M. COLANGELO¹, G. LIVADOTI¹,
D. DE MEO¹, A. MATURO¹, M. MONTI¹

SUMMARY: Hamartoma of the breast in a young woman. Case report.

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Hamartoma is a benign tumor-like malformation characterized by a focal mixture of mature cells and tissues normally present in affected area. The hamartoma of the breast is rare. We report a case in an asymptomatic young woman coming to our attention for a left breast lesion detected by ultrasound screening.

KEY WORDS: Hamartoma - Breast - Surgery.

Introduction

The hamartoma is a benign tumor-like lesion that can affect various organs of the body, including lungs, kidneys, skin and, more rarely, the breast. Hamartoma is a disorganized focal area of cells and tissues of the organ where it occurs (1-4). Hamartomas represent 4-8% of the benign lesions of the breast in women, with very rare cases in males (5, 6).

As in our case, the hamartoma of the breast is usually asymptomatic.

Case report

A 30 year old, nulliparous woman came to our attention for the occasional detection at breast self-examination of a swelling in the lower quadrants of the left breast. Family history was negative for breast cancer, as well as personal history (no comorbidities or hormonal therapy).

The examination confirmed the presence of the lesion with hard-elastic consistency and margins defined. Ultrasound showed an ovalar, 5.5cm, well capsulated, hypoechogenic lesion with small fluid areas and without suspicious axillary lymph nodes (Fig. 1).

The lesion was resected. The postoperative course was uneventful. Histologically the lesion appeared with smooth surface and gray-yellow at the cut. Microscopic examination showed a fibrous capsule, normal breast parenchyma with marked stromal fibrosis, cystic dilatation of the ducts, apocrine metaplasia, sclerosing adenosis and typical ductal hyperplasia. The histological findings are indicative of a benign lesion with features of hamartoma (Fig. 2).

Six months after surgery ultrasound follow up is negative for recurrence.

Discussion and conclusion

More often the diagnosis of hamartoma is incidental in women older than 40 years starting mammography screening. Ultrasounds and mammogram show a well-capsulated nodule without calcifications. Imaging features may be similar to those of fibroadenoma (5, 7-13). The definitive diagnosis is only histological (8, 14, 15). Very rarely the hamartoma can turn into malignant tumor; few cases of breast invasive ductal carcinoma from hamartoma are described in literature (16, 17), but the correlation is unproved. However, the resection of the hamartoma of the breast is always recommended (8, 14).

"Sapienza" University of Rome, Italy

¹ Department of Surgical Sciences

² Graduate School in General Surgery ("nuovo orientamento")

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Figure 1 - Ultrasound. The lesion is well-capsulated.

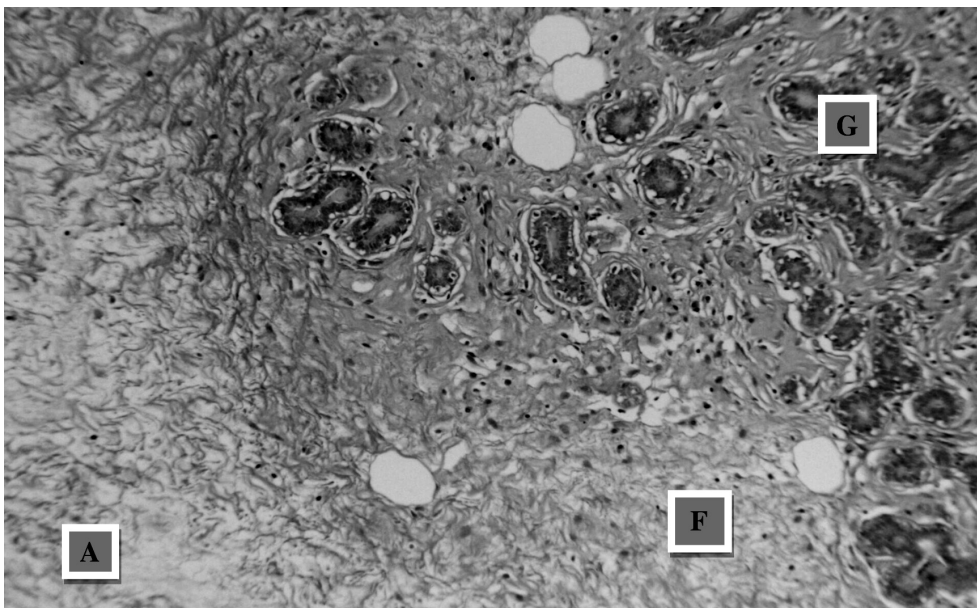


Figure 2 - Microscopic examination (H&E, x40). Adipose (A), glandular (G) and fibrous (F) tissue.

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