

CASE REPORT

open Access Journal



Fibroepithelial polyp in a female right breast nipple-Case Report

Oula Fouad Hameed¹ | Zainab Abdulkareem Maktoof² | Habib Flayyih³

¹Department of oral diagnosis, college of dentistry, University of Basrah, Basrah ,Iraq

²Department of oral diagnosis, college of dentistry, University of Basrah, Basrah ,Iraq

³Consultant general surgery at Al Sader teaching hospital



Abstract

fibroepithelial polyp (skin tag) is a benign pedunculated and papillomatous mass involves intertriginous areas such as the neck, axilla. It measures 1-5 mm but giant fibroepithelial polyp measures > 10 cm. This report for a case of A 68 years old woman who presented with a slowly growing painless mass extending from the right nipple for 25 years. This lesion was excised under local. The histopathological examination revealed a lining of stratified squamous epithelium with underlying subepithelial composed of loose collagenous tissue and fatty tissue with few dilated duct at sections from pedicle. No evidence of malignancy was found.

It was concluded that the giant fibroepithelial polyp is rare and biopsy should be taken to the benign nature of the biopsy.

Keywords: Fibroepithelial polyp, nipple, benign, histopathology, mass

Copyright : © 2021 The Authors. Published by Medical Editor and Educational Research Publishers Ltd. This is an open access article under the CC BY-NC-ND license

(<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

1 | INTRODUCTION

Fibroepithelial polyp (skin tag) is a benign growth that measures 1-5 mm, but can reach 2 cm in rare cases usually involves intertriginous areas such as the neck, axilla, or groin mainly in overweight postmenopausal women, during pregnancy, or those having insulin resistance, appears as a pedunculated and papillomatous mass. (1)

giant fibroepithelial polyp > 10 cm is not unusual and has been reported in the vulva region but it is rare in the nipple, also most of the reports regard these lesions in nipple described it in smaller sizes

therefore they pose problems in histopathological examination and diagnosis despite the clear clinical features.. (2)

It is necessary to perform Expert pathological interpretation to exclude malignancy, generally, polyps composed of stroma covered with squamous epithelium, rarely the stromal cells express atypia, with the presence of giant cells at the interface between

Supplementary information The online version of this article (<https://doi.org/10.15520/jmrhs.v4i8.383>) contains supplementary material, which is available to authorized users.

FIBROEPITHELIAL POLYP IN A FEMALE RIGHT BREAST NIPPLE-CASE REPORT

the stroma and the epithelium, these giant cells are positive for desmin, actin, vimentin, estrogen and progesterone receptors. (3)

In this report we describe a giant fibroepithelial polyp measuring 32cm in the nipple.

2 | CASE REPORT

A 68 years old woman presented with a mass extending from the right nipple for 25 years. The mass was increasing in size slowly. There was no history of bleeding or discharge and the patient does not have a family history of breast lesions. The mass did not cause pain, that led to the ignorance of the lesion and the only cause that made the patient seek for treatment it was that the lesion annoyed her during cloth changing.

Clinical examination revealed a very big pedunculated papillae at right nipple measured 8x4x3cm with pedicle about 2cm (figure 1), it was excised under local anesthesia and the biopsy was sent for histopathology. On gross Examination there was a single piece of tissue gray brown polypoidal mass, the cut section of specimen revealed white colored uniform smooth and whirly appearance, this polypoidal mass was covered with skin (Figure 2).

Under the Microscope the tissue showed lining of stratified squamous epithelium (Figure 3) with underlying subepithelial composed of loose collagenous tissue (Figure 4) with fatty tissue with few dilated duct at sections from pedicle (Figure 5).

The final diagnosis was Fibroepithelial polyp of right breast nipple with no evidence of Malignancy.



FIGURE 1: pedunculated papillae extending from the right nipple



FIGURE 2: The mass grossly showed a gray brown polypoidal mass covered with skin

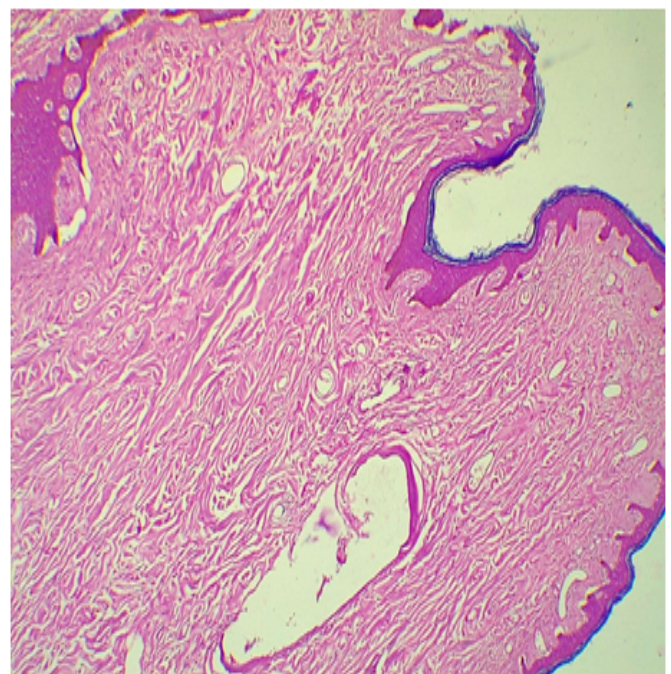


FIGURE 3: Microscopic specimen of the mass showed the lining composed of stratified squamous epithelium

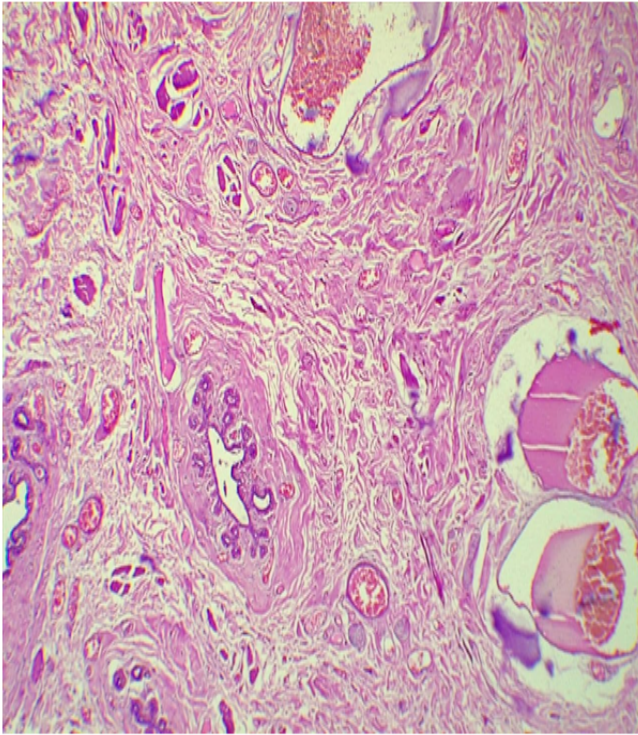


FIGURE 4: Microscopic examination showed superepithelium loose collagenous tissue with dilated blood vessels and no evidence of inflammation

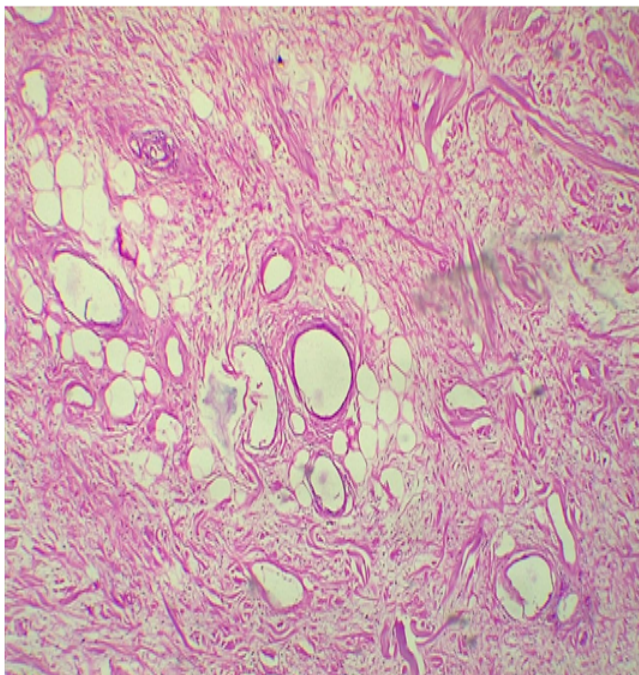


FIGURE 5: Microscopic examination of the mass showed fatty tissue with few dilated duct at sections from pedicle

3 | DISCUSSION

Fibroepithelial polyps have a 46% incidence of occurrence and this percentage rises in reproductive age in females also it rises in the fifth decade, but it reaches to 59% in females at age of 70 years. (4) In Iraq, there is a lack of reports concerning the giant fibroepithelial polyp generally and such cases in the breast nipple in particular. It is important to distinguish these benign lesions to exclude malignancy and to discover the need for further treatment. In this report, we present a rare case of a giant fibroepithelial polyp in the breast nipple of a 65 years old woman. The fibroepithelial polyp size is rarely measured over 5 cm as reported by 2 but in this report, it measured 32 cm, it also called 'acrochordon' in case of the smaller lesions, but giant fibroepithelial polyp is used to describe FEPs larger than 15 cm that may occur in hormone-sensitive tissues that grow in response to hormonal changes as was shown in previous reports about such lesions in vulva and axilla. (5) The history that was taken from the patient revealed no spontaneous bleeding or ulceration but these were induced by trauma in the polyp area that heals without intervention also it caused difficulty in her in many activities which was the main complaint that made her look for the treatment.

The histopathological examination revealed the lining of stratified squamous epithelium with underlying subepithelium composed of loose collagenous tissue that was consistent with the histopathological appearance of fibroepithelial polyps that were described in other regions by previous reports as Chowdhury, 2013 (6) who reported that the giant polyp in their case was composed of fibrous stroma without atypia. and they mentioned that the typical polyp was composed of a central fibrovascular core and contains stellate and multinucleated stromal cells which are best seen beneath the surface epithelium.

4 | CONCLUSION

A giant fibroepithelial polyp of nipple breast that measured 10 cm or more is an uncommon benign lesion, requires surgical excision .

REFERENCES

1. Gorai S, Saha A, Misra P, Nag S. Broad based giant fibroepithelial polyp over an unusual location: A report. *Indian Dermatology Online Journal*. 2016;7(6):548–548. Available from: <https://dx.doi.org/10.4103/2229-5178.193922>. doi:10.4103/2229-5178.193922.
2. Arora K, B. A clinical case of large fibroepithelial polyp of breast nipple. *Int J Case Reports Images*. 2019;10:1–1.
3. Hanane H, Maroua B, Abdelouahed M, Abderraouf H; 2017. Available from: <http://www.journalijdr.com>.
4. Agrawal A, Garg C, Mukherjee S, Mukherjee S, Kakkar KP. Giant acrochordon of vulva: A rare occurrence. *Nepal Journal of Dermatology, Venereology & Leprology*. 2016;13(1):70–72. Available from: <https://dx.doi.org/10.3126/njdvl.v13i1.14310>. doi:10.3126/njdvl.v13i1.14310.
5. Can B. Giant Fibroepithelial Polyps: Why Do They Grow Excessively? *SiSli Etfal Hastan Tip Bul. Med Bull Sisli Hosp*. 2018;54(2):257–60.
6. Chowdhury HH, Rn. A Large Fibroma Polyp of Labia Majora?A Case Report. *J Clin Case Reports*. 2013;03(08):762–767.

How to cite this article: Fouad Hameed O., Maktoof A.Z., Flayyih H. **Fibroepithelial polyp in a female right breast nipple-Case Report**. *Journal of Medical Research and Health Sciences*. 2021;1377–1380. <https://doi.org/10.15520/jm-rhs.v4i8.383>