Letter to the editor

Breast Lipoma the dilemma of diagnosis.

Lipoma of the breast may be a cause of diagnostic uncertainty because of the normal fatty composition of the breast, thus it may be difficult to differentiate from other breast lesions. Lipoma, a benign soft tissue tumour, arises in any location in which fat is present and the majority occurs in subcutaneous tissues particularly in the trunk and neck. Most breast diseases occur as discreet palpable sometimes painful nodules or masses. However, these palpable lesions are different entities in women of varying ages. The normal female breast undergoes a spectrum of morphologic changes between adolescence and menopause. These changes range, histologically from predominance of ducts, lobules and the intervening stroma comprising fat cells and fibrous tissues to features of fibrocystic changes. In women between middle age and the fourth decade of life and menopause the glandular tissue undergo hypertrophy in association with an increase in stromal tissue. The increase in stromal tissue may give rise to a lipoma. The triple test (TTT) which comprises medical history and breast examination, imaging studies (mammography and ultrasound) and non excision biopsy (fine needle aspiration cytology (FNAC) and core biopsy) is recommended for the investigation of both palpable and impalpable breast lesions. The test is positive if any of the three components are positive. In a resource limited setting like ours, the diagnostic difficulty posed by lipoma in the breast may be resolved by fine needle aspiration cytology (FNAC), a less invasive and relatively inexpensive technique. The triple test will often involve FNAC to help determine the nature of the lesion. The differential diagnosis of lipoma includes fat necrosis, fibroadenoma and supernumerary breast.

Reference


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