

## A RARE CASE REPORT OF AN INTRADUCTAL PAPILLOMA OF JORDANIAN MALE BREAST

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### *Abstract*

**Keywords:** PAPILLOMA, BREAST.

A 35-years old healthy young male patient presented with a painless palpable right breast lump. Antidepressants were used. Breast ultrasound showed multilobulated mixed echogenicity oval lesion. Mammography found that the right breast has a large multilobulated dense mass. True cut biopsy showed a papillary lesion composed of dilated ducts. Surgical excision of the lump was done and microscopic examination of the specimen demonstrated changes of benign gynecomastia containing intraductal papillomatosis with no evidence of in situ or invasive malignancy. Final diagnosis was consistent with the presence of gynecomastia containing an intraductal papillomatosis.

### **Introduction**

A papilloma is a benign growth in breast ducts with a finger like fronds and completely blocks the duct. Papillomas are of mammary epithelium of duct wall lining cells of the breast. Papillomas are a solid lump of a new cell wart like growth. Undiagnosed papilloma is a suspicion for breast cancer if appearing in multiples. Benign and malignant diseases of female breast are frequent. Papillomas may develop in females aged 35-55 years. The male breast is not diseased as such. Male patients can have breast abnormalities. Differential diagnosis of a male breast lump includes fibro adenoma, gynecomastia, lipoma, florid ductal hyperplasia, columnar cell lesions, ductal or lobular carcinoma in situ, intracystic papillary carcinoma and invasive breast cancer. An intraductal papilloma is a rare benign disease of the male breast.

### **Case report**

A 35-years old healthy young male patient presented at our breast imaging unit at King Hussein hospital, King Hussein medical center, Amman, Jordan, as an outpatient with a painless and palpable right breast lump with swelling and changes of gynecomastia found on examination. There was a persisting swelling with a rounded mass, which was slightly painful on palpation. Neither steroids nor any other drugs except antidepressants were used. Breast ultrasound showed multilobulated mixed echogenicity oval lesion occupying the upper half of the right breast. On mammography, it was found that the left breast is predominantly fatty, the right breast is larger than the left breast with a large multilobulated dense mass seen in the upper outer quadrant and measuring about 8.0x5.0 cm. containing multiple faint calcifications, with no definite axillary lymph nodes, (BIRADS 4 ) according to breast imaging and data system .

True cut biopsy showed cores of breast tissue showing a papillary lesion composed of dilated ducts with papillary projection and underlying sclerosed stroma with glandular proliferation, focal apocrine metaplasia and micro proliferation ,diffuse lesion positive for CK5/6 immunostain, an appearance consistent with intraductal papilloma with no evidence of an in situ or invasive malignancy .Surgical excision of the lump was done and microscopic examination of the specimen demonstrated changes of benign gynecomastia containing intraductal papillomatosis with no evidence of in situ or invasive malignancy.

Final diagnosis was consistent with the presence of gynecomastia containing an intraductal papillomatosis.

## Discussion

Papilloma's may appear as a small outward curved bump and may grow on the surface of the breast or within the breast ducts. A papilloma may appear around or below the nipple. There are two types of breast papilloma, one occurring as solitary and one occurring in multiples. Solitary papillomas are benign and need only follow up. Multiple papillomas have a greater risk and occur deeper in the breast. Multiple papillomas include 10% of all intraductal papillomas. Papillomatosis are often bilateral. Central papillomas grow deeper in the breast and peripheral papillomas grow at the outer areas of the breast. Papillomatosis is considered when at least five separate papillomas are within a segment. Multiple papillomas are more suspicious for breast cancer appearance. We demonstrated a healthy male patient of 35 years old with an intraductal papilloma of right breast. Intraductal papilloma is a benign disease. Intraductal papillary carcinoma or invasive papillary carcinomas are malignant diseases. The clinical presentation was a painless and palpable right breast lump with swelling and changes of gynecomastia with a persisting swelling and a rounded mass, which was slightly painful on palpation. Neither steroids nor any other drugs except antidepressants were used. Intraductal papilloma may present at any age (1,2). Radiologic diagnostic examinations include ultrasound with fine needle aspiration and needle biopsy, mammogram and magnetic resonance imaging.

Regarding papillary breast lesions, it was shown that the major advantage of retroareolar magnetic resonance imaging is the ability to show ductal relation and extension of contrast enhanced regions (3). Immunohistochemistry for pathological diagnosis can differentiate between an intraductal papilloma and a papillary carcinoma. Conservative (close follow-up) and surgical excision are potential approaches. The radiological findings are not significantly sensitive or specific to distinguish between benign from malignant papillary lesions, requiring surgical excision (4). Benign papillomas diagnosed at core biopsy are less commonly (3%) correlated with malignancy, and mammographic follow-up is important (5). If a core biopsy showed a benign lesion, follow-up is important and excision is not mandatory (6). Regarding the high correlation with malignancy (67%), diagnosis of atypical papilloma at core biopsy must need excision for definitive diagnosis. When operative approach is done, local excision of the lesion must be curative. Recurrence of intraductal papilloma after local excision was demonstrated (7). Overall prognosis is excellent.

## In conclusion

Male breast intraductal papilloma is a rare benign condition. The lesion can be treated by local excision or close follow-up.

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