SURGICAL CORRECTION OF POLYMASTIA AND POLYTELIA WITH AN UNCOMMON PRESENTATION
Correção cirúrgica de polimastia e politelia com apresentação incomum

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ABSTRACT
Polymastia is a rare condition that is present in 1 to 5% of the population. Clinically, it is characterized by the presence of two or more breasts, which can occur in males or females. The condition may appear with or without the presence of extra nipples, which is termed polythelia. Bilateral presentation is uncommon. Here we report a case of a patient who had more than one pair of breasts and extra nipples which were surgically corrected.

KEYWORDS: Breast; breast diseases; mammoplasty.

RESUMO
Polimastia é uma condição rara presente em 1 a 5% da população. Clinicamente se caracteriza pela presença de duas ou mais mamas e pode ocorrer em homens ou mulheres. Essa condição pode se apresentar com ou sem a presença de mamílos extras, ou seja, politelia. A apresentação bilateral é incomum. Aqui apresentamos um caso de uma paciente que tinha mais de um par de mamas e mamílos extras que foram removidos cirurgicamente.

PALAVRAS-CHAVE: Mama; doenças mamárias; mamoplastia.
INTRODUCTION
Polymastia is a term used to describe the presence of more than two breasts in humans and is synonymous with accessory or supernumerary breast tissue. This condition occurs when a failure occurs in the embryonic development of breast tissue. It is usually an asymptomatic condition but can cause anxiety, cosmetic problems, pain or restriction of movement.

Its incidence varies around 1-5% of the population, with the armpit being the most frequent site of onset. It can be identified during or before puberty and during pregnancy. Usually, the accessory breast tissue appears sporadically, but it is also suspected that it may be a hereditary condition, once that the abnormality is often found among relatives. Bilateral presentation is infrequent and no reports similar to the one described have been found in the literature, in which the patient presents more than one pair of extra breasts and nipples.

CASE REPORT
A 12-year-old female patient was referred to the mastology clinic for the presence of multiple nipples. Physical examination revealed the presence of extra breast in the bilateral axillary region of two pairs of areola papillary complexes (APC) on the breasts and two additional pairs of APCs (Figure 1), located bilaterally in the axilla and in the abdominal region. One of the paired mammary papillae does not have an areola.

It was decided to perform surgical correction, with excision of the accessory breast tissue and extra APCs (Figure 2). Removal of the breast tissue was performed through spindle incisions, followed by subcutaneous approach and closure of the skin with intradermal suture with 4-0 monocryl wire. There were left two penrose drains, removed the next day. The histopathologic revealed to be a breast tissue with no signs of malignancy. The patient returned four months later for a follow-up and was asymptomatic and satisfied with the results (Figure 3).
DISCUSSION
During the sixth week of embryonic development, the mammary line, which represents two ectodermal thickenings, develops along the sides of the embryo, extending from the axillary region to the groin. In normal development, most of the embryonic mammary peaks disappear, except for the two segments in the pectoral region, which later become breasts. Regression failure in any portion of the mammary ridge can lead to polymastia, with or without a APC. Therefore, the ectopic breast usually occurs along the "milk line" or breast line.

Ectopic mammary tissue can also be located on the face, the back, the perineum, and the anus. These locations outside the mammary line can be explained by the migration of primordial mammary cells during the development of the chest wall or through the modification of apocrine sweat glands.

The accessory mammary tissue has the same capacity to undergo benign and malignant alterations as the normal mammary tissue; however, the incidence of carcinoma in the accessory breast tissue is rare, corresponding to only 0.3% of the breast carcinomas. There are multiple reports of benign alterations, such as fibroadenomas or hyperplasias, but the incidence of these alterations in supernumerary breasts is uncertain. Polymastia may present in an aberrant form that is not accompanied by a nipple or areola and is commonly mistaken for lipoma, lymphadenopathy, or hidradenitis.

Polytelia is the term used to designate the presence of accessory papillae, considered a benign congenital anomaly. They may bother the patient because of cosmetic concerns, pain and swelling during menstruation or milk secretion. Polytelia has been associated with urinary abnormalities — such as supernumerary kidneys, renal insufficiency and renal carcinomas — which can be explained, in part, by the parallel embryological development of mammary structures and the genitourinary system. In the present case, the patient had three pairs of extra nipples and no urinary malformations were identified.

Polytelia is more common in males than in females and more incident in the Afrodescendant population than in the Caucasian. Their incidence in the population varies between 0.22–5.60%, depending on factors such as genetic inheritance and ethnicity. Because supernumerary papillae are often clinically obvious, occasionally, when only a papilla or areola and papillae are present, biopsy is needed to establish a diagnosis. Supernumerary papillae may also be clinically confused with fibroids, lipomas, warts and nevi.

The oldest and most commonly used classification was described by Kajava in 1915, who classified supernumerary mammary tissue into eight categories:

1. complete supernumerary breast, with papilla, areola and glandular tissue;
2. supernumerary breast without a areola, but with papilla and glandular tissue;
3. supernumerary breast without papilla, but with areola and glandular tissue;
4. only aberrant glandular tissue, without papilla and areola;
5. only papilla and areola, with glandular tissue replaced by fat (pseudomama);
6. only papilla (polytelia);
7. only areola (areolar polytelia);
8. presence of only a tuft of hairs (polytelia pilosa).

Accessory breast tissue is present from birth, but is often only diagnosed after puberty, pregnancy or lactation, a period in which symptoms become more evident, such as swelling and pain during menstruation and elimination of secretions during lactation. Still, many cases are asymptomatic. In cases of doubt, definitive diagnosis should be made through fine needle aspiration or excisional biopsy, as it may be confused with abscess or another cause.

After being diagnosed, the recommended treatment is the surgical one, so that a simple excision of the tissue or a liposuction can be performed. Preoperative examinations should include ultrasonography to exclude the possibility of benign or malignant lesions. It is also recommended that patients with a family history of breast cancer undergo a radical resection instead of liposuction. In the present case, it was decided to perform the removal of the breast tissue through spindle incisions, followed by subcutaneous approach and closure of the skin with intradermal suture. The patient is satisfied with the results four months after the operation.

REFERENCES


