CASE REPORT: INTRADUCTAL PAPILLOMA OF THE MALE BREAST

Relato de caso: papiloma intraductal em mama masculina

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ABSTRACT

Breast benign tumors, intraductal papilloma and fibroadenomas are common conditions in women; however, they are very rare in males. In this study, we report the case of a male patient, 75 years old, presenting with complaint of bilateral gynecomastia and palpable retroareolar mass in the left breast. The patient was submitted to imaging tests and core biopsy, and the hypothesis of intraductal papilloma was confirmed upon anatomopathological study. The mastology team opted for excision of the lesion and correction of gynecomastia.

KEYWORDS: intraductal papilloma; breast; gynecomastia; breast diseases.

RESUMO

Tumores benignos da mama, papiloma intraductal e fibroadenomas são condições comuns em mulheres, mas muito raras em homens. Neste estudo, relatamos o caso de um paciente do sexo masculino, com 75 anos de idade, cuja queixa era de ginecomastia bilateral e massa retroareolar palpável na mama esquerda. O paciente foi submetido a exames de imagem e core-biopsy, e a hipótese de papiloma intraductal foi confirmada após estudo anatomopatológico. A equipe de mastologia optou pela excisão da lesão e correção da ginecomastia.

PALAVRAS-CHAVE: papiloma intraductal; mama; ginecomastia; doenças mamárias.
INTRODUCTION
At birth, a male’s breast is very similar to a female’s breast. However, due to the increase in testosterone levels in the prepubertal period in males, there is involution and atrophy of the lactating ducts. There is also no increase in estrogen and progesterone levels. Gynecomastia is the most common disease of the male breast, but just like in the female breast, diseases related to stromal and ductal proliferation can occur, including carcinoma, fibroadenoma, lipoma, fat necrosis, and papilloma. Although extremely rare, the intraductal papilloma is characterized as a benign affection of the male breast.

CASE REPORT
A 75-year-old patient was assisted at the Service of Radiology with history of bilateral gynecomastia and palpable nodule in the left breast since July 2017. He denied the use of medication and steroids. There was a palpable rounded nodule in the left subareolar region which was not painful to palpation and presented no skin thickening or papillary discharge. Mammography (Figure 1) showed bilateral fibrogranular tissue (Grade IV Gynecomastia) and a rounded, dense nodule with circumscribed margins, measuring 3.7 cm in its largest diameter in the left breast’s retroareolar region (BIRADS 4). Ultrasonography (Figure 2) showed a circumscribed round hypoechoic nodule in the left breast’s retroareolar region, measuring 2.9 × 2.0 × 2.0 cm and 1.0 cm distant from the skin. Histological examination by biopsy with a thick needle (Figure 3) showed ductal proliferation compatible with intraductal papilloma. Excision of the lesion was indicated by the mastology team, followed by esthetic correction of gynecomastia at the patient’s request.

DISCUSSION
Intraductal papilloma is a rare benign neoplasm that can affect men at any age and manifests clinically as a palpable mass, usually unilateral, painful or not, with or without papillary discharge. Histologically, it is characterized by epithelial proliferation with uniform distribution of myoepithelial cells nurtured by fibrovascular nuclei.

Radiological diagnosis is based on mammography, ultrasonography and, when necessary, complementary magnetic resonance imaging (MRI). Ultrasonography is more sensitive than mammography to detect intraductal papilloma, and the main findings are: intraluminal mass with dilated duct and inner hypervascularization shown in Doppler study. However, a study by Lam et al. reported that imaging findings are neither sensitive nor specific enough to distinguish benign from malignant papillomatous lesions; therefore, surgical excision
and histopathological analysis are required. Two other studies have shown different conclusions: Sydnor et al. supports only mammographic follow-up for core-biopsy-diagnosed lesions, since the potential for malignancy is low (3%); Swapp et al. also reported being against surgical excision of benign papilloma diagnosed by core-biopsy, as they consider follow-up enough and emphasize the need for surgical excision only for atypical papillomatous lesions found in core-biopsy due to high potential for malignancy (67%).

**CONCLUSION**

Follow-up instead of surgical excision has become the best option for papillary lesions without atypia diagnosed by percutaneous biopsies, especially when not presenting with microcalcifications, as a palpable mass, or not showing characteristics that would lead to suspicion in imaging exams. Intraductal papilloma is an extremely rare condition characterized as a benign affection of the male breast. Surgical excision was indicated by the mastology team, followed by esthetic correction of gynecomastia at the patient’s request.

**REFERENCES**