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28636 – INVASIVE BREAST CARCINOMA ASSOCIATED WITH FIBROADENOLIPOMA: A CASE REPORT

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Introduction: Breast hamartomas are benign lesions composed of glandular, adipose, and fibrous tissue, also known as fibroadenolipomas, lipofibroadenomas, or adenolipomas. They account for 4.8% of all benign breast masses. However, due to their poorly understood nature and lack of specific diagnostic features, their diagnosis may be underestimated by clinicians and pathologists. They are usually encapsulated, painless masses identified incidentally on screening mammograms. They appear as fibroadipose masses on mammography, but their appearance can vary, often presenting as solid on ultrasound; however, in 24% of cases, they may contain cystic regions. Although many hamartomas have benign radiographic characteristics, biopsy is recommended to confirm the diagnosis, especially in cases of discordance between clinical and imaging findings. Both fine-needle aspiration cytology (FNAC) and core needle biopsy may be inconclusive due to overlapping cytological features with other benign lesions. In some cases, surgical excision may be necessary for definitive diagnosis, particularly when there is no correlation with imaging studies. Most can be simply monitored. Hamartomas are rarely associated with breast cancer, and when cancer is detected, it is usually incidental. **Methodology:** This is a study presenting a case report of invasive breast carcinoma associated with a fibroadenolipoma area, with follow-up since 2023 at Erasto Gaertner Hospital, Curitiba, Paraná. Initially, the case was selected due to its rarity and clinical relevance. Prior to preparing the case report, informed consent was obtained from the patient, ensuring his understanding of the data sharing regarding his medical history while maintaining anonymity. The consent was documented in accordance with ethical and legal standards. Subsequently, clinical, radiological, pathological, and therapeutic data were collected from the patient's electronic medical record, and the case report was written. Discussions were held with members of the medical team involved in the case to obtain detailed information about the diagnostic and therapeutic approach, involving the Oncology Gynecology and Pathology teams. An extensive review of the literature was then conducted, researching in the following databases: the U.S. National Library of Medicine (PubMed), UpToDate, Latin American and Caribbean Literature in Health Sciences (LILACS), and Scientific Electronic Library Online (SciELO), selecting studies in Portuguese and English, published between 2010 and 2024. Scientific articles, systematic reviews, clinical guidelines, and previous case reports were reviewed to understand the epidemiology, clinical presentation, diagnosis, and management of the tumor. Based on the collected data and the literature review, the case discussion was conducted through a comparison between the clinical findings observed in the research participant and the outcomes previously documented in the scientific literature. **Conclusion:** Breast hamartomas are benign lesions composed of glandular, adipose, and fibrous tissue, often underestimated by clinicians and pathologists. Although many hamartomas have benign radiographic features, biopsy is recommended to confirm the diagnosis, especially in cases of discrepancy between clinical and imaging findings. They are rarely associated with breast cancer, and when cancer is detected, it is usually incidental, as presented in the case above.