Ectopic Breast Tissue With Lactational Changes Presenting as Perianal Mass: A Case Report

Jose Scarpa Carniello, MD, Jianying Zeng, SUNY Downstate Medical Center

Supernumerary breasts or nipples, polymastia and polythelia, respectively, occur in 1%-2% of the population and may arise anywhere along the milk lines from axilla to perineum. The most common ectopic sites are axilla and vulva. Perianal ectopic breast tissue is an exceedingly rare condition, with few cases published in the literature. The clinical presentation and location range from subcutaneous perianal mass to mucosal polyp within the anal canal. We report a case of ectopic breast tissue with postpartum lactational changes presented as perianal mass. A 34-year-old woman presented with complaints of perianal mass for 2 years with a recent enlargement. The patient delivered a baby 2 months before and was currently breastfeeding. On physical examination, a soft, mobile, and painful 1 × 1 cm perianal mass was found. The mass was excised. Gross examination revealed a 2 × 2 × 1.3 cm round mass partially covered with skin. The mass had mixed solid and multicystic areas. The cysts were filled with a white and milky secretion. Microscopic examination showed the mass was composed of mammary glands and lobules. Many glands were dilated and some were cystic with presence of secretion in the lumen. The glands were lined by cuboidal cells with lipid-filled vacuolated cytoplasm. These findings were consistent with nodular ectopic breast tissue with lactational changes. Perianal ectopic breast tissue is very rare and, like any breast tissue, can undergo physiological and pathological changes (either hormonally related or not), including lactational, fibroadenomatous, and malignant changes. It is debated whether those lesions arise from true ectopic breast tissue or modified mammary-like anal sweat glands. Taking consideration of the possibilities of ectopic breast tissue at perianal location is important in some unusual cases.