

Breast Reduction for Fibrocystic Breast Disease: a case report

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Abstract

The pathophysiology of fibrocystic breast disease is determined by estrogen predominance that results in hyper proliferation of connective tissue (fibrosis), the risk of breast cancer is increased twofold to fourfold in these patients. The clinical correlate of fibrocystic disease is reflected by breast and axillary pain or tenderness. The disease progresses with advancing premenopausal age and is most pronounced in women during their 40s. We present a case of 23 years old lady who completely get rid of her symptoms from heavy breast with diagnosed fibrocystic changes immediately after breast reduction surgery. Breast reduction can be a treatment option for fibrocystic breast diseases which are not responding to medical treatment.

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Key words: Fibrocystic disease, Preoperative Ultrasonographic (USG) measurements, N-Acetyl Cysteine (NAC)

Introduction

Fibrocystic disease of breast is very common in Bangladesh and women coming for dull aching pain in all over the breast though there is no palpable lump. Women complain about their unbearable painful condition which deteriorates their lifestyle also.

We report a case of diagnosed fibrocystic diseases in both breasts with severe pain all over the breasts. We have done breast reduction for her to alleviate all her symptoms. This case report sheds light on a new treatment approach of fibrocystic diseases of breasts.

Case Presentation

A 23 years old unmarried women presented to us with large breasts for her frame with the complaints of severe pain in touch, rapid walking or jerking during traveling. She can't wear regular bra, breasts are very heavy which causes dragging pain in shoulder, back, arm and chest. She was feeling embarrassed socially and couldn't wear the dresses she wants. She was treated previously by general surgeon conservatively for months but didn't get any improvement. Then she came to us for treatment and wants to reduce the size from 42 to 34.

There was no palpable lump in both breast but there was tenderness in all over the

breasts. No palpable axillary lymphadenopathy. We have done Preoperative Ultrasonographic (USG) measurements for diagnosis and found fibrocystic diseases in both breasts. We have planned breast reduction and took all pre-operative measurements of breasts. We have done breast Reduction with Superio-medial pedicle and inverted T incision under general anesthesia.

After prepping and draping, we resize the areola with cookie cutter and de-epithelialize the pedicle above the N-Acetyl Cysteine (NAC). Then we elevate the medial and lateral skin flap with wise pattern incision and incise the pedicle from below and lateral part. After mobilizing the pedicle we fix

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it with the neo NAC position. We reduce the breast tissue from lateral and inferior side and weight it. About 290 gm was excised from each breast. Excess skin trimming done and wound closed in layers with a drain kept in situ. Specimen sent for histopathology.

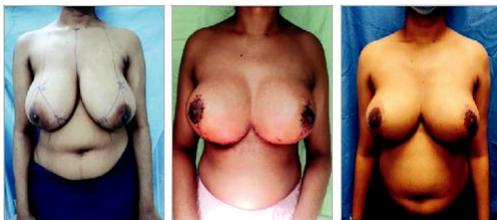


Fig 1: Resizing the areola
Fig 2: Excised portions of each breast
Fig 3: Post-operative

Drain removed on 3rd Postoperative Day (POD) and all stitches removed on 20th POD. Her scars were little hypertrophic so we have done 2 sessions of CO₂ fractional lasers.

Just after her surgery she felt relieved from pain and heaviness. She got her desired size of 34 and her lifestyle quality improved so quickly that she felt she got a new life.

We got 6 months follow-up of this patient and she is very happy with the outcome as she is absolutely pain free and gets rid of extra heaviness.



Preoperative
20th post-operative day
6 months later

Discussion

Fibrocystic breast disease is a very common condition and patients suffer so much as there is no curative treatment. From our social perspective patients come lately when they can't bear the condition anymore.

Fibrocystic disease is a benign condition and tends to affect premenopausal women between the ages of 20 and 50.^{7,8} The changes typically occur in both breasts but lumpiness and pain may be worse in one breast than other. Gigantic breasts are typically associated with pain, but the pain and heaviness aggravates when there is fibrocystic disease associated. Breast reduction or reduction mammoplasty is not only for reducing the volume of breast to produce aesthetically pleasing breasts but volume reduction can also reduce the amount of fibrocystic glandular tissue which eventually reduce or completely eliminate the pain and heaviness.¹⁻⁶ Our patient got completely relieved from pain and other symptoms after surgery with a very comfortable and easy to carry breast size. We removed her glandular tissue of 290 gm from each breast. Histopathological report shows moderate fibrocystic changes in the resected specimen of both breasts. Postoperatively the patient felt immediate relief of pain and heaviness after several years of sufferings and proportionate, perkier breasts. She is still on our follow up and now she passed 6 months after surgery with symptom free periods.

Conclusion

Breast reduction is an aesthetic surgery previously done for gigantomastia only but it may treat fibrocystic disease successfully depending on the severity of the condition. Breast reduction may be the ultimate treatment of choice for benign fibrocystic breast disease presented only with pain and heaviness.

Conflict of Interest: None

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