



Polythelia: A Case Report

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Abstract

The prevalence of malformations in the breasts appears until 5.6% in general population. Accessory breast tissue is classified into 8 categories, according to Kajava, whose difference lies in presences or not of areola, nipple, and glandular tissue. Presents a case of 17 years patient who arrive to gynecology consult in Hospital General de la Cruz, Elota, Sinaloa. In the exploration was detected supernumerary nipple in left breast, whose was referred to the birth, belonging to IV class of Kajava classification. She was programed to surgery to make a spindle incision; histopathological examination confirm consistent features supernumerary nipple with negative to malignancy. The interest of this type of cases refer more to aesthetic issues, however, is important a correct clinical history for multidisciplinary management for identify possibles potential malignify conditions in the accessory tissues.

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Introduction

Polythelia is the presence of supernumerary nipples without association with other glandular anatomical structures [1]. They occur with a prevalence ranging from 0.2% to 5.6% in the general population [2]. An association with uronephrological anomalies has been described, as well as other malformations [3].

There are various presentations of ectopic breast tissue, Kajava classified them into 8 categories based on the presence or absence of nipple, areola and glandular tissue (Table 1) [4]. Excision is indicated for diagnosis, treatment or cosmetic aspects [5].

We present the case of a young woman who had two nipples from birth in the left breast. In addition, the excision of super-

numerary nipples for aesthetic purposes is reported, so the central objective of the present is to present a case of a patient, who attended to consultation at the General Hospital of La Cruz due to having a supernumerary nipple in the left breast.

Case presentation

This is a 17-year-old female patient who comes to the gynecology consultation at the General Hospital of la Cruz, Elota, Sinaloa, because she has had a supernumerary nipple in the left breast since birth, causing aesthetic problems. She denies a family history of polythelia, without significant surgical and pathological history.

For the intervention and because it is a minor, the mother or legal representative is requested to authorize in writing for



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the physical examination and for the possible surgical intervention, for which she agrees to sign the letter of consent (Annex 1). Once all the documentation has been integrated into your clinical file, you go to consultation, so a longitudinal and descriptive study is developed. During the physical examination, asymmetrical breasts are evident, the presence of 2 nipples is observed in the left breast (Figure 1), longitudinally, the upper one is 20 mm, and the lower one is 10 mm, with 90 mm separation between each one, located in the left infrareolar region, breast tissue according to age.

Surgery is scheduled to make a spindle incision of approximately 4 cm. The preoperative results show hemoglobin of 13.40 g/dL, hematocrit 41.8%, platelets 236 thousand, leukocytes $4.43 \times 10^3/\mu\text{L}$, neutrophils 48.5%, prothrombin time 12.47 seconds. Partial thromboplastin time 38.44 seconds, INR 0.92, blood group B with negative Rh factor, glucose 85.9 mg/dL, creatinine 0.90 mg/dL, urea 14.80 mg/dL. In the room, a wedge resection of the nipple is performed, subsequently closed with a subdermal stitch (Figure 2). The histopathological examination shows consistent characteristics of accessory nipple with a negative report for malignancy (Figure 3).

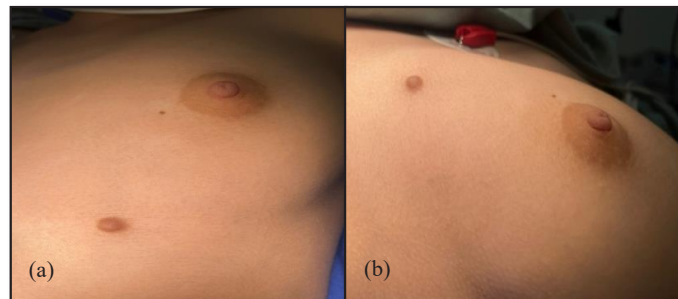


Figure 1: Supernumerary nipple classification VI. (a) Ectopic breast tissue (polythelia) anterior view. (b) Close view of left ectopic breast tissue.



Figure 2: Post-surgical view. (a) Anterior view of the excision closure with a subdermal stitch is observed. (b) Lateral view of excision closure with subdermal stitch.

Summary

The prevalence of breast malformations appears up to 5.6% of the general population. The existence of accessory breast tissue is classified, according to Kajava, into 8 categories, the difference of which lies in the presence or absence of areola, nipple and glandular tissue. The case of a 17-year-old patient who attended consultation at the Hospital General de la Cruz, Elota, Sinaloa is presented. During the examination, a super-

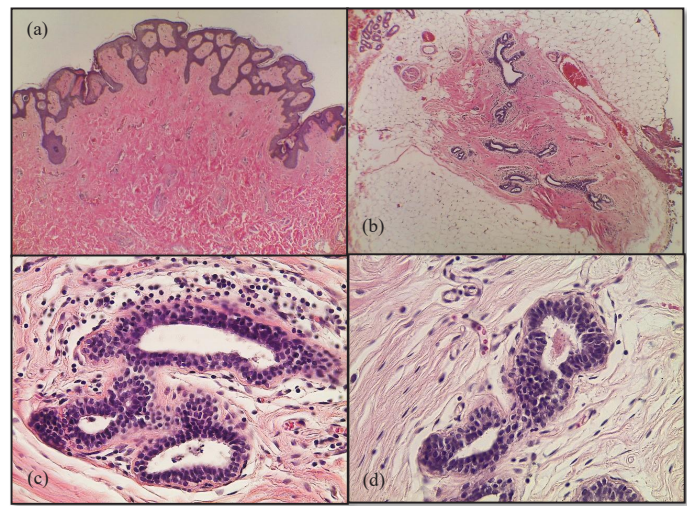


Figure 3: Histopathological findings. (a) Histological section of skin with a raised central area based on proliferation of fibrous and collagenized stroma without skin annexes and covered by epidermis with irregular acanthosis and hyperpigmentation of the basal layer. (b) Deep dermis and subcutaneous tissue with rudimentary ducts similar to gynecomastoid-type breast tissue immersed in a dense stroma. (c) The periductal stroma is loose with the presence of mononuclear infiltrate, characteristic of the mammary ducts (d) Ducts with intraluminal eosinophilic secretion and lined by a double layer of cells.

Table 1: Kajava classification of accessory breast tissue.

Categories	Characteristics
1	Complete supernumerary nipple, nipple-areola complex with glandular breast tissue.
2	Supernumerary nipple: nipple and glandular tissue without areola.
3	Supernumerary nipple: areola and glandular tissue without nipple.
4	Aberrant glandular tissue.
5	Supernumerary nipple: nipple, areola and pseudo breast.
6	Supernumerary nipple: nipple only.
7	Supernumerary nipple: areola only.
8	Accumulation of hair (pilosa polythelia).

numerary nipple was detected in the left breast, referred from birth, which belongs to class VI of the Kajava classification. He was scheduled for surgery to perform a spindle incision. The histopathological examination showed consistent characteristics of an accessory nipple with a negative report for malignancy. The consultation of this type of case refers more to aesthetic issues, however, a correct anamnesis is important for multidisciplinary and comprehensive management to identify possible potentially malignant conditions of the accessory tissues.

Discussion

The incidence of supernumerary or ectopic nipple is around 1 to 5% and the incidence of ectopic breast tissue is even lower [3]. Its frequency varies between 0.2% and 5.6% depending on sex, ethnicity, and geographic area [6]. Its most frequent location is unilateral, it can cause pain or milk ejection if complete mammary glands are present and its treatment will be related mainly to aesthetic effects [6].

Furthermore, patients affected by breast abnormalities may experience depression and low self-esteem, which can influence their social relationships [7], especially at a young age where they begin their sexual life, which directly impacts the self-esteem of the patients. Affected, so the support of a multidisciplinary team made up of gynecology, social work, psychology, among others, is very important so that patients can overcome this type of conditions and cope in the best way with post-surgical and emotional recovery.

The currently reported case belongs to class VI of the Kajava classification [4], in which excision of the nipple was performed and the patient has been under regular follow-up without presenting any complications or alarm signs; she has not requested interconsultation with the health service. Psychology.

We agree with the recommendations mentioned in the literature regarding an adequate history for a complete investigation into possible transformations or potentially malignant conditions of the accessory tissues.

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