**Juvenile giant fibroadenoma**

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### Abstract

Fibroadenomas are benign solid tumor associated with aberration of normal lobular development. Juvenile giant fibroadenoma is usually single and >5 cm in size for >500 gms in weight. Important differential diagnoses are: phyllodes tumor and juvenile gigantomastia. Simple excision is the treatment of choice.

### Case Report

A 15-year-old girl was presented with lump in the right breast since 8 months. Lump was rapidly increasing in size with no other significant history available. On examination 13×12 cm mobile lump with visible vessels on the overlying skin in the upper and inner quadrant was present (Figure 1). Lump was firm to hard, and was free from overlying skin and underlying structure. Ultrasonography of breast revealed circumscribed hypoechoic mass of 13×11×12 cm size. No other significant findings were present. There was no history of risk factors for malignancy of breast. General examination did not reveal any findings consistent with metastatic disease. Fine needle aspiration cytology was suggestive of either fibroadenoma or cystosarcoma phylloides. Patient was posted for excision biopsy under general anesthesia. Excision biopsy showed well defined smooth mass with 13×11×12 cm size and weight of 800 gm (Figure 2). Cut surface appears smooth, grayish white and homogenous (Figure 3). Histopathological findings were suggestive of giant juvenile fibroadenoma. She had a normal breast development over a period of 8 month follow up.

### Conclusions

Pre-operative diagnosis of juvenile giant fibroadenoma is difficult. High index of suspicion is required for the diagnosis. Surgical excision remains the cornerstone of the treatment. Large size breast tumors in adolescent can be managed by breast conservation surgery. The approach should be determined by the surgeon’s preference, skills, and experience. Depending on the size of the tumor, age of the patient, and stage of sexual maturity, reshaping of the breast after the removal of the tumor may be necessary. The challenge to the physician is to differentiate it from phylloides which may require aggressive treatment.
References