

3.4 Fibroadenoma



A fibroadenoma is a solid lump that forms in one of the lobules of the breast.

Fibroadenomas are the most common, benign solid lumps. They are caused by an overgrowth of the normal breast tissue in one of the lobules of the breast, probably due to increased sensitivity of the tissue to oestrogen. They are found most commonly as a non tender mobile lump in young women in their 20s and 30s. Many small fibroadenomas that are too small to feel, are now discovered by screening.

The diagnosis can usually be made by a clinical exam, ultrasound and needle biopsy. If there is any doubt about the diagnosis, specialists will advise removing the lump for further testing.

Diagnosis is confirmed to reassure the patient that this is not a dangerous type of lump.

The natural behaviour of fibroadenomas is to gradually increase in size up to 1 - 3cm over a period of about five years. After this growth period they can remain the same size for many years or gradually become smaller.

We can monitor the behaviour of the lump with a follow-up clinical exam and ultrasound in six to 12 months.

Some women choose to have the lump removed for peace of mind, to relieve any discomfort associated with the lump or to avoid the need for follow-up visits.

Occasionally a fibroadenoma may continue to grow until it is more than 5cm in size. This is referred to as a giant fibroadenoma and excision is recommended as it may be confused with a more aggressive form of growth, known as a phylloides tumour. This is an unusual lump that may look similar to a fibroadenoma but behaves differently in that it continues to grow. The pattern of growth varies from very slow to being quite aggressive. The diagnosis can be missed on a needle biopsy, as the features of the tissue are very similar to a benign fibroadenoma. The correct diagnosis is often only made when the lump is finally excised

because it has continued to increase in size over a period of time and the pathologist is now able to examine the whole lump.

Breast lump excision

This is usually a simple operation that is done as a day case procedure. It takes about 40 - 60 minutes in theatre, with the patient returning home the same day.

A short general anaesthetic or a combination of local anaesthetic and sedation is required depending on the size and location of the lump. A cut is made in the skin, about 2 -5cm long. Wherever possible it is placed in a position around the areola or in the fold under the breast to produce a good cosmetic result.

The cut is closed with a dissolving stitch and a plastic dressing is placed over the wound.

Recovery is quick, and patients should be ready to leave hospital 2 - 3 hours later.

Scar tissue sometimes causes lumpiness at the biopsy site and can take a few months to settle down.

Patients may notice decreased sensation in the skin around the biopsy site as small sensory nerves can be divided.

There is only a 1 - 2% chance of a complication following this procedure.

Bleeding within the breast causes swelling and pain within a few hours of surgery, and if severe may require going back into theatre.

Wound infection occasionally develops five to 10 days after surgery causing redness, tenderness and perhaps a fever, and will require a course of antibiotics.

Patients are seen for a follow-up consultation about one week later to check on the wound and discuss results.

Disclaimer: this sheet is provided for information only and does not replace the need to consult your doctor for appropriate assessment and advice of any medical problem.

Extract from the book: Breast Care: Advice on all aspects of breast care by Trevor Smith 2008.

Find more information on all aspects of breast care at www.thebreastcentre.co.nz

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