Clinical History:

A 32-year old woman presented to the breast care clinic with bilateral axillary masses. She was in her 3rd week post partum.

Imaging Findings:

A 32 year old woman presented to the breast care clinic with the complaint of bilateral axillary masses. She noticed the masses two weeks before, when her 1 week old baby demanded for shorter intervals of breast feeding. They were not painful although due to their size they caused some discomfort. A bilateral axillary ultrasound was performed (Fig. 1-5).

In both axillae, there were bilateral soft tissue masses with increase vascularity (Fig. 3) and with internal tubular and serpiginous anechoic structures. A normal lymph node was present on the right axilla (not shown). The patient, when questioned regarding the incitement of pain and discomforted by these masses, was able to described a direct relation between the presence of symptoms and engorgement of the masses with the increase breast feeding necessities of her newborn child.

The diagnosis of bilateral ectopic breast tissue was made.
Discussion:

Axillary breast tissue is a normal variant that has been reported infrequently in the literature, although it may be present in a 2-6% of women being commonly bilateral. This supernumerary breast tissue can be found anywhere within the milk line extending from the axilla to the pubic region. Being normal breast tissue, it reacts to hormonal changes. Therefore this ectopic breast tissue becomes symptomatic usually during pregnancy or immediately in the postpartum period when the woman begins breast-feeding. Swelling and pain due to engorgement are the more common complaints. Lactation has also been reported through the skin pores overlying the axillary breast. The management is generally conservative, with cessation of breast-feeding to allow regression of the symptoms. There are also reports of women that manage to get pain relief by pumping the axillary breasts. Clinically, differential diagnoses as lipoma, lymphadenopathy and suppurative hidradenitis have to be considered. However, the ultrasound features are in this context virtually pathognemonic. Although this is a benign condition, patients should be advised that it is likely to recur or even worsen in subsequent pregnancies. This axillary breast tissue should also be monitored for pathologic changes like malignancy, fibroadenoma, mastitis and fibrocystic changes and therefore undergo the same screening as the normally located breast tissue.

**Differential Diagnosis List:** Bilateral Ectopic Breast Tissue.

**Final Diagnosis:** Bilateral Ectopic Breast Tissue.

**References:**


Description: Right axilla Origin:
Description: Right axilla Origin:
Description: Right axilla. Power Doppler is applied. Origin:
Figure 4

Description: Left axilla. Origin:
Description: Left axilla. Origin: