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Giant fibroepithelial breast polyp

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Abstract

Introduction: Fibroepithelial polyps are common benign skin lesions rarely noted in the female nipple. In this location, they have the potential to ulcerate and cause bloody discharge.

Case history: A 55-year-old female patient presented to a breast clinic with a left nipple lesion present since childhood. The patient self-reported that the lesion had increased in size. Clinical examination revealed a 9×7 cm lesion with a soft and pliable stem extending from the left nipple. Mammography from 2017 revealed this previously measured 6×6 cm.

An excision biopsy under general anaesthetic preserving the nipple anatomy was undertaken on 18/8/23. There were no immediate or subsequent complications. The final histology demonstrated the excised specimen weighed 131 g and measured $90 \times 70 \times 60$ mm with an 8 mm base.

The specimen was processed and microscopically found to be a giant fibroepithelial polyp (FEP). The central core of the lesion was formed by excessive collagen deposition. Normal dermal structures including blood vessels were still present with no glandular component and there was no evidence of atypia or malignancy.

Discussion: FEPs are benign dermal mesenchymal tumours also known as acrochordons. They are noted most commonly on the neck, axilla, perineum, and thighs but have also been found in the vagina, vulva, or cervix and present in < 2% of cases in the nipple area.

FEPs rarely grow larger than 5 cm, with larger lesions rarely reported in medical literature worldwide. It is possible to excise these lesions and preserve the nipple anatomy with careful surgical planning.

Keywords: fibroepithelial polyps; large; surgery; acrochordons

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