



CASE REPORT

Mammary Hamartoma: A Benign Breast Lesion Mimicking Fibroadenoma – A Case Report

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Abstract

Mammary hamartoma is an uncommon benign breast lesion composed of a disorganized admixture of glandular, fibrous, and adipose tissues and often mimics fibroadenoma or lipoma clinically and radiologically, leading to underdiagnosis. We report a case of a 55-year-old female presenting with a painless, well-circumscribed breast lump of one year duration. Radiology suggested BIRADS category 4a. Excision biopsy confirmed mammary hamartoma. Accurate recognition prevents misdiagnosis and overtreatment, with histopathology remaining the diagnostic gold standard.

Key Words

Mammary Hamartoma, Fibroadenoma, Benign Breast Lesion, Histopathological Features.

Introduction

Mammary hamartoma, initially described by Arrigoni et al.^[1], is a benign breast lesion characterized by an abnormal arrangement of native mammary tissue components, including glandular, fibrous, and adipose elements. It constitutes approximately 0.1–0.7% of all benign breast tumors^[2]. Despite its benign nature, mammary hamartoma frequently resembles fibroadenoma or phyllodes tumor on clinical examination and imaging studies. In rare instances, malignant transformation may occur within a hamartoma, underscoring the need for meticulous histopathological assessment^[3,4]. Owing to these factors, breast hamartoma remains a rare, underdiagnosed, and poorly recognized benign breast entity^[5].

Case Report

A 55-year-old female presented with a gradually enlarging, painless lump in the left breast for one year. There was no nipple discharge or skin change. Family history was non-contributory.

Clinical examination revealed a 6 × 4 cm, mobile, well-defined, soft to firm mass in the upper inner quadrant of the left breast. No axillary lymphadenopathy was noted.

Ultrasonography showed a well-defined, hypoechoic, solid lesion with no obvious deeper extension in the upper inner quadrant of the left breast, suggestive of BIRADS category 4a (low suspicion for malignancy) (Fig. 1). Mammography displayed a well-circumscribed “breast-within-breast” appearance. USG-guided FNAC of the mass was inconclusive. Surgical excision was performed, and the specimen was sent for histopathological examination.

Gross findings showed the excision biopsy specimen measured 6 × 4.2 × 4 cm and was well-circumscribed, unencapsulated, gray-white to yellow, with a lobulated cut surface (Fig. 2).

Microscopic examination revealed a well-circumscribed lesion composed of a variable admixture of mature

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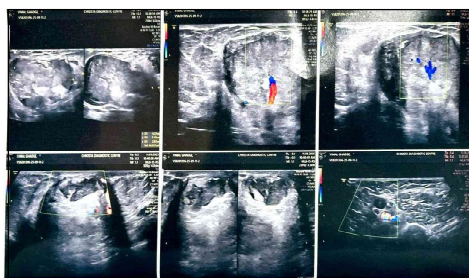


Fig 1. USG Left Breast: A well defined, Hypoechoic, Solid Lesion with no obvious deeper extension in upper inner quadrant of left breast suggestive of BIRads category 4a.



Fig 2. Gross Examination 2.6x4.2x4 cm, well circumscribed, unencapsulated gray white to yellow, with lobulated cut surface

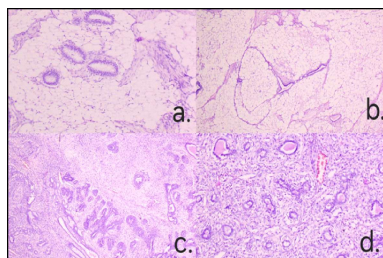


Fig. 3. Fig. 3 photomicrographs (100X) (H & E) a. & b. mature adipose tissue and fibrous stroma c. & d. lobular units of normal breast parenchyma, adenosis and mild epithelial hyperplasia

adipose tissue, fibrous stroma, and lobular units of normal breast parenchyma. The glandular elements were lined by bilayered epithelium with preserved myoepithelial cells. Foci of adenosis, mild epithelial hyperplasia, and focal apocrine change were noted. No atypia, necrosis, or mitotic activity was seen. A diagnosis of mammary hamartoma was made (Fig. 3).

Discussion

Mammary hamartoma is an infrequent benign breast lesion that most commonly affects women between 35 and 55 years of age. The exact etiopathogenesis is not clearly understood; however, hormonal factors and focal developmental abnormalities have been suggested as possible contributing mechanisms^[6]. From a clinical standpoint, hamartomas are frequently misinterpreted as fibroadenomas because of overlapping clinical features. On mammography, the classic “breast-within-breast”

appearance is considered characteristic, although it is not diagnostic^[7].

Definitive diagnosis relies on histopathological examination, which demonstrates a disorganized yet benign proliferation of normal breast lobules embedded within fibrofatty stroma^[6]. Important differential diagnoses include fibroadenoma, which lacks a significant mature adipose tissue component; lipoma, composed exclusively of adipose tissue^[8]; and phyllodes tumor, characterized by increased stromal cellularity, leaf-like architecture, and mitotic activity^[6]. Malignant change, including ductal carcinoma in situ or invasive carcinoma arising within a hamartoma, has been rarely documented. Complete surgical excision is considered curative, and recurrence is exceedingly uncommon^[9].

Conclusion

Mammary hamartoma is an uncommon, benign, and often under-recognized lesion. Awareness of its characteristic histopathological and radiological features ensures accurate diagnosis, prevents unnecessary radical surgery, and helps distinguish it from fibroadenoma and phyllodes tumor. Histopathology remains the diagnostic gold standard.

Written informed consent was obtained from the patient for publication of this case report and accompanying images.

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Conflict of Interest: Nil

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