lymphadenopathy in the involved lymph nodes. Although many nodes in our study showed reactive changes and melanin pigmentation, features which usually suggest a skin disease—associated lymphadenopathy; only one patient had clinical evidence of this (lichen planus). We believe, therefore, that these nodes may become palpable in some patients without an obvious skin disease. It would be difficult to speculate about the aetiology of the lymph node prominence in such patients, but the presence of melanin pigments and reactive hyperplasia raises the possibility of repeated minimal trauma, particularly to the nipple or areola.

Intramammary lymph nodes may be detected on mammograms by the 'doughnut' sign, where fatty replacement at the hilum gives rise to an area of translucency or ring appearance. As fatty infiltration was present in only 21 per cent of our cases (Figure 2B), mammography would not have aided diagnosis in most of these patients.

Acknowledgements

We wish to thank Susan Ellis for typing this manuscript.

References


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Table 1 Histological diagnosis of breast biopsies in age group 13-19 years

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fibroadenoma</td>
<td>511 (77.6)</td>
</tr>
<tr>
<td>Fibrocystic disease</td>
<td>130 (19.8)</td>
</tr>
<tr>
<td>Abscesses</td>
<td>14 (2.1)</td>
</tr>
<tr>
<td>Fat necrosis</td>
<td>1 (0.2)</td>
</tr>
<tr>
<td>Granular cell tumour</td>
<td>2 (0.3)</td>
</tr>
</tbody>
</table>

Figures in parentheses are percentages

50 per cent. However, in our teenage population the diagnostic accuracy is very high (92 per cent) because fibroadenomas occur very frequently in coloured races and the diagnosis can be made with more certainty in this young age group where fibroadenosis is uncommon and carcinoma is very rare. In the 8 per cent misdiagnosed, the histological diagnosis was always benign, usually fibroadenosis.

Although the growth rate of fibroadenomas may increase in pregnancy, and in adolescence a large size may be reached, growth is slow and often self-limiting; thus surgery can be delayed in most patients. Fibroadenomas are often multiple and after early excision 10-20 per cent of patients return with more fibroadenomas. Most of these recurrences occur within 5 years of surgery. Therefore, an aggressive surgical policy will result in multiple operations in a significant proportion of patients, whereas observation could result in a single operation for multiple fibroadenomas. Spontaneous regression has been reported in 10 per cent of fibroadenomas and thus surgery may be avoided if an observation policy is instituted for teenage breast lumps. Malignant change within fibroadenomas is very rare, occurring on average 10 years after the mean age of women with fibroadenomas; none of our cases showed evidence of carcinoma. The risk of a missed malignancy, or one arising in a fibroadenoma under observation, is minimal.

Fibrocystic disease, the next common cause of a breast lump is best managed conservatively.

A conservative approach is now advised in the teenager, and fibroadenomas are now observed for 5 years before considering biopsy.

References


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