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## LETTER TO THE EDITOR

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# Management of Giant Fibroadenomas: A Case for Small Incisions for Large Tumors

To the Editor:

The optimal management for treatment of large or giant fibroadenomas remains controversial. Patients with giant fibroadenomas should be treated with the assumption that the lesion is benign, and therefore local excision is the treatment of choice (1). The inframammary incision is in fact an excellent option for excising these large tumors with conservation of the breast, and certainly is preferred to mastectomy (2). However, the submammary scar is not hidden by the nonpendulous breast of both developing females and those with smaller breasts. Even with pendulous breasts, when lying supine such that the effect of gravity is negated, the patient may be embarrassed by the presence of a large inframammary scar. This becomes even more apparent in our setting where, with a high proportion of patients of African origin, keloids and hypertrophic scarring are common.

We have described removal of these large tumors using a circumareolar incision (3). By cutting the lesion in the shape of a Swiss roll, the mass can be removed in its entirety. As the breast skin is stretched, quite a large circumareolar incision can be made. This shrinks back to normal after removal of the fibroadenoma. Use of the circumareolar incision causes little disruption of the breast

tissue (4). Our Swiss-roll operation allows these large tumors to be removed through a cosmetically acceptable, small circumareolar incision.

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