Scholars Journal of Applied Medical Sciences (SJAMS)
Abbreviated Key Title: Sch. J. App. Med. Sci.
ISSN 2320-6691 (Online)
ISSN 2347-954X (Print)

A Unit of Scholars Academic and Scientific Society, India
www.saspublishers.com

Dermatology

A Supernumerary Nipple (About 3 Observations)

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Case Report

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Article History
Received: 21.10.2018
Accepted: 25.10.2018
Published: 30.10.2018

DOI:
10.36347/sjams.2018.v06i10.074

Abstract: Accessory nipples and accessory breast tissue have been described in various locations throughout the body. This tissue is important to recognize, as it is often a cosmetic concern for the patient but may also undergo both benign and malignant transformation. We report 3 observations of supernumerary nipples discovered in 3 female patients with different age and without any associated malformations.
Keywords: supernumerary, nipples, malformation, discomfort.

INTRODUCTION

Accessory breast tissue is infrequent in the general population and can occur in both sexes. It can be in the form of a single nipple (polythelia), an alone areola, a complete areola-nipple plate (polymastia), or a tuft of aberrant hair (hairy polythelia) [1]. We report 3 observations of supernumerary nipples discovered in 3 female patients with different age.

OBSERVATIONS

Case 1

An 8-year-old girl, with no notable pathological history, consulted in pediatrics for tumefaction in her right areola that had been evolving since birth, a dermatological opinion was sought. The examination revealed the presence of a small, flesh-colored, 0.4 cm papule sitting at the outer edge of her areola painless and non-itchy corresponding to a supernumerary nipple [Figure 1].

Case 2

A 20-year-old patient, with no significant pathological history, breastfeeding, consulted for a suspicion of nevi at the level of the 2 breasts that had been evolving for 5 years. The dermatological examination showed the presence of 2 nipples in the 2 upper quadrants with milk emission at the pressure [Figure 2].

Case 3

A 26-year-old patient, with no significant pathological history, pregnant with 28 SA, consulted for tumefactions at the level of her 2 breasts evolving since 6 years. The dermatological examination revealed the presence of 2 supernumerary nipples at the level of her 2 breasts bilaterally [Figure 3]. The remainder of the somatic examination was without abnormalities and the therapeutic abstention was indicated in all cases.

DISCUSSION

Polythelia are one of the most common forms of mammary tissue malformation. Most of the cases of polythelia appear to be sporadic, but some hereditary forms are known. Its incidence in the general population ranges between 0.22 to 5.6%, depending on factors such as inheritance and ethnicity. It is usually seen in males more than females and more commonly occurs among black people more than white ones [2]. The specific mutations responsible for the sporadic or the hereditary forms of polythelia are generally not known [3]. The association between polythelia and other anomalies has been investigated. Most frequently the authors indicate an association between polythelia and urologic/urogenital malformation or malignancies, that occurs in 23-27% of the supernumerary nipples cases. Other congenital disease such as cardiac malformation, vertebral malformation, central nervous system and dental anomalies have also been reported [4]. It is not well reported if the sporadic form of polythelia is more associated with malformation than the hereditary one. The numbers or the site of the accessory nipples may also be a predictor for the possibility of associated malformations [3]. Our cases did not present any associated malformations.

Fig-1: flesh-colored papule sitting at the outer edge of the right areola in the case 1 corresponding to a supernumerary nipple

Fig-2: 2 supernumerary nipples in the 2 upper quadrants of the breasts in the case 2

Fig-3: 2 supernumerary nipples at the level of the 2 breasts in the case 3

CONCLUSION

Supernumerary breast tissue, in particular polythelia, is in principle of no consequence apart from a possible aesthetic discomfort. The surgery remains debatable depending on the patient's discomfort. However a search for other associated anomalies remains essential.

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