Case Report

Chondroid Lipoma of Breast: A Rare Pathology

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ABSTRACT

Chondroid lipoma, is an uncommon benign breast neoplasm. We report a case of Chondroid lipoma in a 57 years old lady presenting with 01 year history of breast lump.

Key Words: Breast Biopsy, Chondroid lipoma.

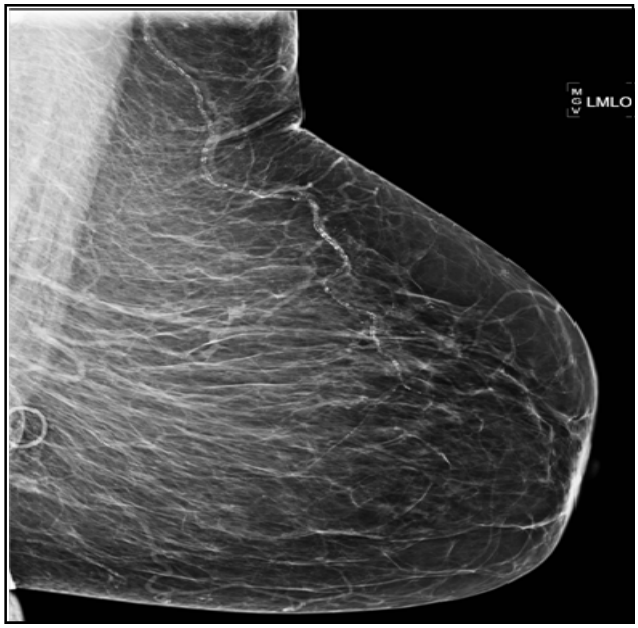
INTRODUCTION

Chondroid lipoma is a rare benign fatty soft tissue tumor. Due to its morphological similarity it is important to distinguish it from extra skeletal chondro sarcoma and myxoid/round cell liposarcoma. It was first reported 20 years ago by Meis and Enzinger who described the histopathological features of this rare entity containing adipose tissue with mature fat cells and lipoblasts and cartilaginous tissue with chondroblasts and hyaline matrix[1]. Familiarity with the histopathological features of Chondroid lipoma is of practical importance to avoid an over diagnosis and subsequent over treatment. We report a similar case found on histopathological analysis of an excised breast tissue.

CASE REPORT

57 years old lady known to have hypertension and diabetes mellitus controlled on medications with history of total thyroidectomy about 15 years back for some benign disease and currently on replacement thyroxin was seen in surgical clinic with more then 01 year history of left breast lump which was found incidentally on self examination. On history there were no risk factors for breast malignancy. Clinical examination revealed 2x2 cm firm, mobile, non tender lump at 5 o'clock position of her left breast with normal axilla.The nipple areola complex and overlying skin were normal on clinical examination. Her right breast and axilla were normal. Her mammogram was reported as Breast Imaging-Reporting and Data System II (BIRADS II), F**igure I**. However ultrasound of her breast was reported as well defined 3cm x 1.5cm hyperechoic mass with few hypoechoic areas within it, seen very close to the chest wall in the left breast, **Figure II**. The true cut biopsy of the lump was consistent with Chondroid lipoma. The lump was excised through infra mammary skin crease incision. The final histopathology was reported as the presence of chondroid lipoma composed of islands of mature cartilage distributed in mature adipose tissue". There was no evidence of atypia or immature cells. Her last follow up about 8 months after surgery was unremarkable with follow up annual screening mammogram and ultrasound breast reported as BI RADS II with no recurrence of the lump.

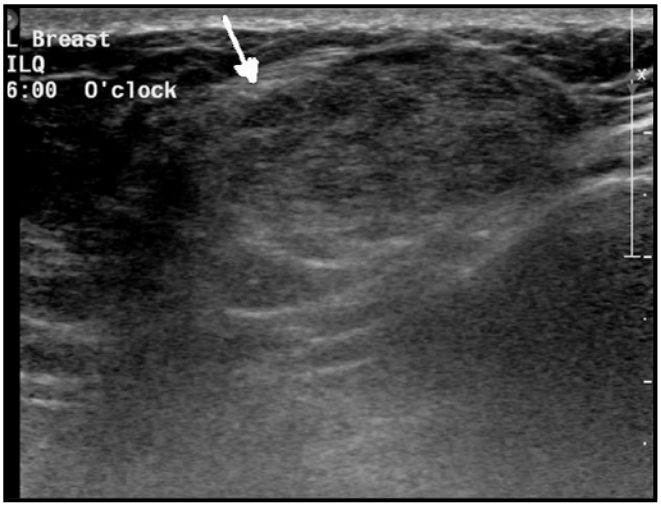
FIGURE I: LEFT BREAST MAMMOGRAM IN MEDIO -LATERAL OBLIQUE VIEW (MLO) WITH RING MARKER PLACED OVER THE LUMP SHOWING A WELL DEFINED ENCAPSULATED FATTY LESION WITH SMALL STIPPLED CALCIFICATIONS WITHIN IT LYING POSTERIORLY IN RELATION TO THE PECTORALIS MUSCLE. THE REST OF THE BREAST PARENCHYMA IS NORMAL



DISCUSSION

Chondroid lipomas are well circumscribed lesions usually presenting as painless mass, occurring in superficial or deeper tissues. Most lesions are situated in the subcutaneous tissues, superficial fascia or skeletal muscles of the limbs and limb girdles, trunk and head & neck. It is very uncommon to find this benign lesion in human breast tissues. There is predilection for adult women with vast majority seen predominantly in the third decade of life but can also occur in the pediatric age group[2]. They may reach considerable size, adding to the risk of misdiagnosing these as sarcomas, though they are non aggressive and don't require radical treatment [3].

FIGURE II: ULTRASOUND OF THE LUMP SHOWS A WELL DEFINED OVAL PREDOMINANTLY HYPERECHOIC MASS WITH ILL DEFINED HYPOECHOIC AREAS WITHIN IT



Cartilage is rarely seen in benign conditions of human breast. Most often, cartilaginous components are associated with a primary malignancy of the breast[4]. Chondroplipomatous tumor cannot be a part of hamartoma since it is not a normal component of human breast and neither can be called a choristoma because of presence of normal components like fat and breast ducts. The possibility of dystrophic chondrification following traumatic fat necrosis is also suggested. An alternate explanation considered is metaplasia of the proliferating fibrous stroma in fibrocystic breast disease.

The imaging findings of soft tissue tumor are often non specific and generally require biopsy with differentiation between benign and malignant lesions[5].

Chondroid lipomas are cured by surgical resection. They have not been shown to recur or metastasize.

CONCLUSION

Chondroid Lipoma of the breast is benign and only a few cases have been reported. Mammography and ultrasonography can not differentiate these rare lesions from breast carcinomas every time. Excision is necessary as well as useful in providing an exact diagnosis with histopathology.

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