



**GP INFORMATION LEAFLET**  
**BENIGN BREAST DISEASES**  
**FIBROADENOMA**

## **GP information Fibroadenoma**

### **What is a Fibroadenoma?**

A Fibroadenoma is a benign breast lump. It is made up of fibrous tissue and glandular tissue. "Oma" refers to tumour or lump, "fibro" refers to fibrous and "adeno" refers to glands. They are often mobile, hence called a "breast mouse".

### **What is the incidence of Fibroadenoma?**

Fibroadenoma accounts for approximately 13% of all symptomatic breast lumps.

### **When does it occur?**

Although it can develop at any age it usually occurs in the late teens and early twenties when the breast lobular development is the greatest.

### **What causes Fibroadenoma?**

The cause of Fibroadenoma is unknown. Hormonal factors are thought to play a part as Fibroadenoma is known to

fluctuate during the menstrual cycle and during pregnancy. Fibroadenoma may present in women on hormone replacement therapy and tend to regress after the menopause.

### **What is a juvenile Fibroadenoma or a giant Fibroadenoma?**

Although rare some Fibroadenoma grow rapidly within a short time and cause marked asymmetry of the breast. Tumours greater than 5 cms are termed as giant Fibroadenoma and are common in the African countries. Juvenile Fibroadenoma are characteristically seen in teenagers or in the early twenties.

### **What is a complex Fibroadenoma?**

Approximately 50% of Fibroadenomas contain other proliferative changes of breast, such as sclerosing adenosis, adenosis, and duct epithelial hyperplasia. Fibroadenomas that contain these

elements are called complex Fibroadenomas.

### How do patients present?

In young women they may present as a lump. Fibroadenoma is usually painless, but in some, may feel tender or even painful. It may also be seen as an incidental finding during breast imaging (ultrasound, mammogram or MRI scan) for other problems in the breast.

#### GP practice - Issues

- Which patients with breast lumps should be referred to the hospital?
- Which patients with breast lumps can be managed at the GP practice?
- What is the relationship between breast Fibroadenoma as a presenting symptom and breast cancer?

### Which patients with breast lumps should be referred to the hospital?

#### URGENT REFERRALS

#### Who are female, aged 30 years and older

With a discrete lump that persists after their next period, or presents after menopause

#### Who are female, aged younger than 30 years

With a lump that enlarges

With a lump that is fixed and hard

In whom there are other reasons for concern such as family history

#### NON URGENT REFERRALS

Women aged younger than 30 years with a lump.

### Which patients with breast lumps can be managed at the GP practice?

All patients with lumps should be referred to the breast clinic.

### **What is the relationship between Fibroadenoma and breast cancer?**

Simple Fibroadenoma is not associated with any increased risk for subsequent breast cancer. However, women with complex Fibroadenoma may have a slightly higher risk for subsequent cancer [1]. Fibroadenoma in older women or in women with a family history of breast cancer have a higher incidence of associated carcinoma [2, 3]. Complex and multiple Fibroadenoma is associated with a two-fold increase in the risk of breast cancer.

### **What is the natural history of Fibroadenoma?**

In most women, only one Fibroadenoma is found. Occasionally, there is more than one and sometimes they occur in both breasts. Fibroadenoma varies in size. Fibroadenoma can be palpable or impalpable. In women less than 40 years of age majority of Fibroadenoma

does not change size (80%), some get smaller or completely disappear (15%) and some increase in size (5-10%).

### **How is a Fibroadenoma diagnosed?**

#### **Patients below 25 years of age**

will have a clinical and an ultrasound examination of the breast. Patients may not usually undergo a needle test or a biopsy unless the ultrasound image is atypical or patients have risk factors such as a family history of breast cancer. The reason being it is extremely rare to have breast cancer in this age group and ultrasound confirmation is enough evidence.

#### **Patients over 25 years of age**

will have a clinical and an ultrasound examination of the breast. Ultrasound is preferred in younger women with dense breasts as mammograms are difficult to interpret and Fibroadenoma may not be visible. However in less fatty breasts mammogram may also be done.

In majority of patients over 25 years of age, ultrasound of the breast or mammogram alone may not be enough to confirm the diagnosis of Fibroadenoma. The patient may have a fine needle aspiration. Cells are studied by the pathologist to confirm a diagnosis of Fibroadenoma. Because of the high proportion of fibrous tissue relative to epithelial tissue in Fibroadenoma, fine needle aspiration may be insufficient for diagnosis. Hence most breast specialists will recommend a core biopsy to obtain a sample of tissue rather than cells to confirm the diagnosis of Fibroadenoma. The sample is processed by the pathologist and may take up to 48 hours for the results.

### **How is Fibroadenoma managed?**

The management again depends on patients age, patient preference and the results of the tests.

### **Age less than 25**

Once confirmed that a lump is a Fibroadenoma, patients will be reassured and discharged. There is no need to remove it. It can be safely left alone unless patient wishes that the lump is removed.

### **Age more than 25**

If a diagnosis of Fibroadenoma is confirmed with core biopsy patients will be reassured and discharged. It can be safely left alone unless patient wishes that the lump is removed.

### **In all patient**

### **Excision of the lump is recommended if**

- The lump significantly increases in size,
- Or where the lump is larger than 4 cms in size
- Or if the presence of the tumour causes asymmetry in the breast
- Or if there is a concern about increased activity in the lump

## **Surgical excision**

The operation is simple and usually done as a day case. It can be done under a local anaesthetic or under a general anaesthetic and patients can go home the same day. Removing a Fibroadenoma doesn't usually affect the shape of the breast, as normal breast tissue will fill the space where it used to be.

## **Mammotome excision**

Lumps can also be removed using a vacuum assisted needle under the guidance of ultrasound without having surgery. It will be done as a day case with local anaesthetic and patients can go home the same day. The lump is sucked up through a needle until it is seen to disappear.

## **Will surgical removal of the lump affect the ability to breast feed?**

Removing a Fibroadenoma causes no harm to the breast and won't affect the ability to breastfeed.

## **Follow up of Fibroadenoma**

After triple assessment and confirmation of diagnosis of symptomatic lump patients are reassured and information leaflets about Fibroadenoma is given. They are advised to contact GPs if lump increases in size or if new lump occurs. If it appears to be growing in size a breast specialist may perform further investigations or recommend that the lump is removed.

## **References**

1. Carter BA, Page DL, Schuyler P et al. No elevation in long-term breast carcinoma risk for women with Fibroadenomas that contain atypical hyperplasia. *Cancer* 2001;92:30–36.
2. Shabtai M, Saavedra-Malinger P, Shabtai EL et al. Fibroadenoma of the

breast: analysis of associated pathological entities--a different risk marker in different age groups for concurrent breast cancer. *Isr Med Assoc J* 2001;3:813–817

3. El-Wakeel H, Umpleby HC. Systematic review of Fibroadenoma as a risk factor for breast cancer. *Breast* 2003;12:302–307.