Axillary Mass

Mladen Mimica* and Danijel Pravdic
Department for Internal Diseases, Clinical Hospital Mostar, Bosnia and Herzegovina

Commentary

Question

What is the most likely diagnosis in this asymptomatic 34-year-old woman, with painless left axillary mass that became apparent in the advanced pregnancy (Figure 1 - arrow)?

- Sarcoidosis
- Hydradenitis suppurativa
- Abscess
- Galactocœla
- Breast cancer metastasis

Answer: Galactocœla

Explanation

A 34-year-old woman presented at the University Hospital with painless swelling of her left axilla occurred during last phase of second pregnancy, with tendency for rapid growth after childbirth, during lactation (Figure 1). There were no axillary’s mass during her first pregnancy. General physical examination was unremarkable, without signs of local or systemic infection. The mass became apparent at the last month of her second pregnancy. Finally axillary mass was measuring 3x2 cm. Formation was solitary, soft, oval-shaped, mobile and painless, with normal overlying skin. Mass has fluctuated, and content was white blurred. All routine hematological and biochemical parameters, including leukocytes and C-reactive protein were normal.

Ultrasonography of left axillary mass showed an oval shape just below the skin with anechoic blurred content surrounded by heterogeneous area which has the properties of glandular mammary tissue (Figure 2). In some locations mass had well, and in other ones it had irregularly defined margins. The finding was most consistent with galactoceles. After aspiration of the mass the milk was drained, and definitive diagnosis of galactoceles arising in axillary accessory breast tissue was made. Periodic monitoring and, if necessary, drainage was advised.

An accessory breast gland is most commonly located in the axilla and may enlarge during the

Figure 1: Painless swelling of her left axilla occurred during last phase of second pregnancy, with tendency for rapid growth after childbirth, during lactation.
Figure 2: Ultrasonography of left axillary mass showed an oval shape just below the skin with anechoic blurred content surrounded by heterogeneous area which has the properties of glandular mammary tissue.

terminal phase of pregnancy and lactation. The accessory breast glands mainly occur during the first pregnancy, and usually recur in subsequent ones. Sarcoidosis is a multi-system disease. Patients are usually not asymptomatic and axillary lymphadenopathy is usually bilateral. Hidradenitis suppurativa is chronic skin infection, and tends to start after puberty. It is characterized by clusters of painful abscesses, epidermoid cysts, sebaceous cysts and pilonidal cysts that most commonly affects apocrine sweat gland bearing areas, such as the underarms, often lead to scarring. The process is usually bilateral. Abscess is accompanied by symptoms and signs of inflammation. Breast cancer metastases are usually rounded, not oval, and commonly associated with pathological changes in the corresponding breast. Awareness of the variety of disease entities and characteristic sonographic findings with ultrasound guided puncture can aid in correct diagnosis of an axillary mass. A painless lump developing during or a few weeks after ended breastfeeding is generally thought to be a galactocele.