



## Retroareolar Leiomyoma of the Male Breast

David Aranovich MD, Oleg Kaminsky MD and Asher Schindel MD

Department of General Surgery A, Rabin Medical Center (Beilinson Campus), Petah Tiqva, Israel  
Affiliated to Sackler Faculty of Medicine, Tel Aviv University, Ramat Aviv, Israel

**Key words:** retroareolar leiomyoma, nipple leiomyoma, breast leiomyoma

IMAJ 2005;7:121–122

Leiomyoma is a benign smooth-muscle tumor originating in most cases in the genitourinary or gastrointestinal tract. There are three distinct histopathologic types of cutaneous leiomyomas: piloleiomyomas, angioleiomyomas, and genital leiomyomas. Leiomyomas that derive from the dartos muscle of the scrotum and the labia majora, as well as those from the erectile muscle of the nipple (muscularis mammillae) are classified as genital leiomyomas.

Leiomyoma originating in the nipple region is an extremely rare entity. Moreover, because of its low morbidity most cases go unreported. In one of the largest reviews in the English-language medical literature in 1989, only 19 cases of leiomyoma involving the nipple or areola were identified, of which 4 were in men [1]. A few isolated case reports have been published since then [2–4], most of them describing leiomyomas in the female breast. We present a new case of leiomyoma occurring in the retroareolar region in a young man.

### Patient Description

A 23 year old man was referred to our institution for local excision of a small nodule in the left breast. He had been complaining of itching in this area for several months. Examination of the left breast revealed a nodule in the radius of 11–12 o'clock, behind the areola. The nodule, 1 cm in diameter, was a well-circumscribed, firm and movable lesion. No evidence of ulceration was noted. Physical examination of the right breast revealed a similar nodular lesion behind the areola,

measuring 0.5 cm. This lesion was asymptomatic. There was no gynecomastia, axillary or supraclavicular lymphadenopathy on either side.

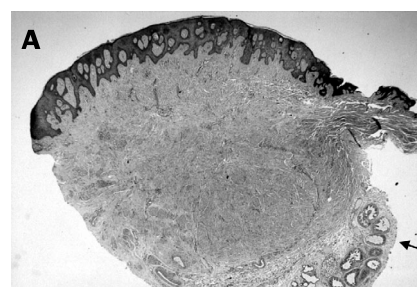
The lesion on the left side was excised under local anes-thesia. A small, firm, white-colored 1.2 cm nodule was found behind the areola, adherent to the skin from above and loosely attached to the chest wall fascia from behind.

The histopathologic examination of the specimen showed features typical of leiomyoma – namely, proliferation of smooth-muscle bundles without cellular atypia or nuclear pleomorphism [Figures A and B].

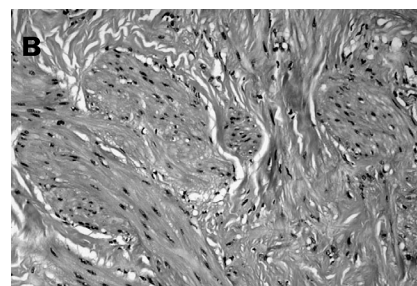
### Comment

Virchow, the eminent 19th century German pathologist, stated: "Die Mamma ist die Amme der Geschwülste Lehre" (The breast is the wet-nurse of the student of tumor) because so many different types of neoplasms develop within it. Leiomyomas occurring outside the uterus and gastrointestinal tract are, at best, infrequent. Those arising in the nipple are extremely rare. There is a well-developed layer of smooth muscle in the corium of the areola from which leiomyoma might arise. Contraction of these muscularis mammillae may be noticed upon stimulation of the nipple.

We observed and report here one example of this type of leiomyoma in a young male. Although benign neoplasms in skin and subcutaneous tissue over the breast are innocent, they may be misdiagnosed clinically as primary breast carcinoma [5]. Carcinoma of the male breast is a



**[A]** Dermal nodule in the nipple, with hypocellular cutaneous mass composed of interlacing fascicles that merge with the areolar muscularis mammillae muscles. Adjacent apocrine glands are evident (arrow). Low power magnification (x 20).



**[B]** Typical fascicular pattern of this benign tumor, demonstrating smooth-muscle bundles composed of non-pleomorphic spindle cells with elongated vesicular nuclei without mitotic activity. High power magnification (x 400).

rare disease and must be distinguished from several much more frequent and entirely harmless lesions. The most frequent of these is the adolescent type of benign hypertrophy of the breast, true gynecomastia, and hypertrophy of the breast due to liver disease, medications or of idiopathic origin. Lipomas and sebaceous cysts are frequent and may occur in either sex. Other lesions in the

## Case Communications

---

male breast, such as fibromyomas and leiomyomas, are much less common but should also be considered in the differential diagnosis.

---

### References

1. Allison JG, Dodds HM. Leiomyoma of the male nipple: a case report and literature review. *Am Surg* 1989;55:501-2.
2. Silk YN, Hena MA, Pilon V. Leiomyoma of the nipple [Letter]. *NY State J Med* 1992; 92:408-9.
3. Yokoyama R, Hashimoto H, Daimaru Y, et al. Superficial leiomyomas. A clinicopathologic study of 34 cases. *Acta Pathol Jpn* 1987;37: 1415-22.
4. Saggio A, Alongi G, Cina C, et al. A case of retroareolar leiomyoma of the breast. *Chir Ital* 1984;36:66-71.
5. Ilie B. Neoplasms in skin and subcutis over

the breast simulating breast neoplasms: case reports and literature review. *J Surg Oncol* 1986;31:191-8.

---

**Correspondence:** Dr. D. Aranovich, Dept. of General Surgery A, Rabin Medical Center (Beilinson Campus), Petah Tiqva 49202, Israel.  
Phone: (972-3) 937-6210  
Fax: (972-3) 937-7486  
email: fgreif@clalit.org.il

---