MANAGEMENT OF FIBROADENOMAS

- Fibroadenomas are benign fibroepithelial breast lesions composed of both stromal and epithelial elements.
- More common in pre-menopausal women.
- As many as 10% of women may have fibroadenomas and, of them, 10-15% may have multiple fibroadenomas (in either breast).
- The natural history suggests that about 50% of fibroadenomas will resolve spontaneously, 25% will not change and 25% will get bigger.
- Very few fibroadenomas presenting as a palpable lump (0.58%) are likely to have atypia, in-situ or invasive malignancy within or adjacent to the lesion.
- Even if a fibroadenoma increases in size it is very unlikely to contain a malignancy in the epithelial component or be an undiagnosed phyllodes tumour (2.4%). Fibroadenomas that increase in size may warrant re-biopsy and should not automatically be surgically excised.
- Core biopsy is safe and reliable for diagnosis (if concordant with clinical presentation and imaging characteristics).
- Distinguishing cellular fibroadenomas from benign phyllodes tumours histologically can be difficult, and is not possible in some cases.

DIAGNOSIS:
- History and examination as for any discrete breast lump.
- Mammography, if age appropriate, and ultrasound examination.
- Biopsy of lesion if aged 25 and above, or indeterminate clinical/radiological features (examination score 3/mammogram score 3/ultrasound scan score 3).

CONSERVATIVE TREATMENT:
If imaging and pathological features are concordant with the diagnosis of benign fibroadenoma the patient can be reassured and discharged.

EXCISION:
Surgical excision / vacuum assisted excision (VAE) as per local protocols is recommended in the following scenarios:
- Cellular fibroepithelial lesion (difficult to histologically distinguish between a fibroadenoma and phyllodes tumour). Many units would recommend open surgical excision rather than VAE for these lesions.
- Rapidly growing lesion, despite biopsy indicating benign fibroadenoma.
- Persistent discomfort and pain from a fibroadenoma is a relative indication to consider surgical excision, the patient should be warned that excision of the lesion does not guarantee relief of symptoms.
SUMMARY STATEMENT:
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REFERENCES