

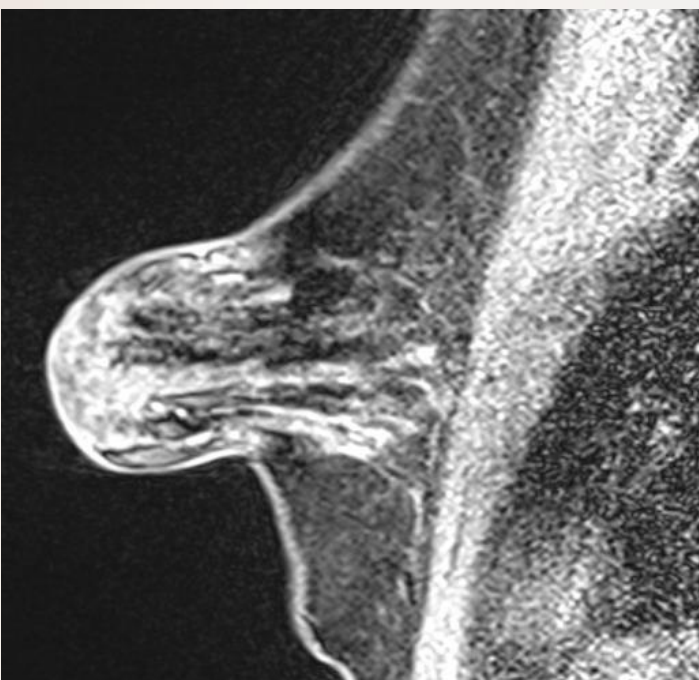
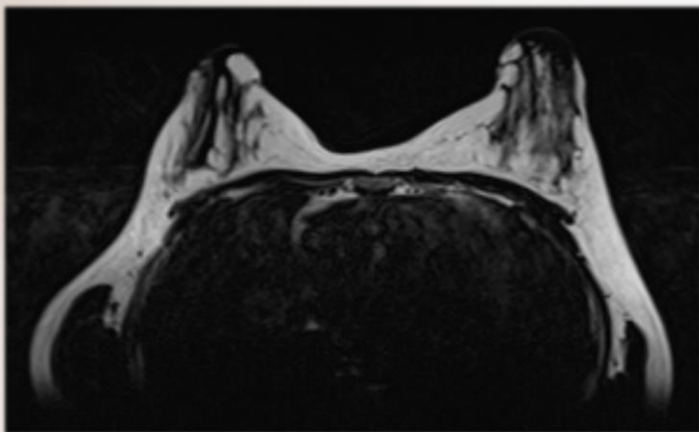
A VARIANT OF ADOLESCENT BREAST DISEASE: BILATERAL TUBULAR BREAST

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INTRODUCTION

Tubular breast deformity is characterized by asymmetric breast growth, usually during puberty, with an aetiology that has not been fully elucidated and an incidence that is not clearly defined.

This case presents a 17-year-old patient who presented with breast deformity and delayed puberty.



CASE PRESENTATION

- 17-year-old girl
- Admitted with breast asymmetry, pain and tightness in the chest
- Cardiological evaluation revealed mild mitral valve prolapse and minimal mitral insufficiency
- In the pubertal development history, it was reported that breast development had been present for 3 years, but menarche was delayed, and the first menstruation began irregularly at the age of 15
- Hormonal evaluation revealed low IGF-1 levels (SDS: -2.09), LH and FSH levels within pubertal limits, and mild increases in androstenedione and 11-deoxycortisol values. Pelvic ultrasound and MRI showed numerous millimeter-sized cysts in both ovaries and advanced uterine development.
- Breast MRI evaluation revealed increased density in bilateral glandular tissue and dilation of retroareolar ducts, consistent with type C parenchymal pattern. The nipples were significantly larger than the breast tissue, with asymmetry more pronounced in the left breast. Based on the current findings, the case was radiologically classified as ACR BI-RADS 2 category.

Conclusion: Tubular breast deformities are benign developmental pathologies that can be observed during breast development, do not require surgical intervention, but can cause aesthetic concerns in adolescents, negatively affect quality of life, and require joint follow-up by pediatric endocrinology and pediatric surgery. Reconstructive breast surgery may be needed in adulthood.