



**Surgical Management of Bilateral Axillary Accessory Breast Tissue:
A Case Report with Local Anesthesia and Optimal Cosmetic
Outcome**

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Abstract

Accessory breast tissue, though rare, can present aesthetic and psychological challenges for patients. We report a case of a 28-year-old female with bilateral axillary accessory breast tissue treated surgically under local anesthesia. The procedure resulted in successful excision with minimal scarring and satisfactory cosmetic outcomes (10). This case highlights the feasibility and effectiveness of surgical management of bilateral accessory breast tissue under local anesthesia, particularly in cases where the size of the accessory breast tissue is substantial (9).

Introduction

Accessory breast tissue, also known as polymastia or supernumerary breast tissue, refers to the presence of ectopic breast tissue outside the normal mammary gland location (4).

While accessory breast tissue is most commonly found in the axilla, it can also occur in other locations such as the chest, abdomen, and groin (5). Although usually asymptomatic, accessory breast tissue can cause cosmetic concerns, discomfort, and psychological distress for affected individuals (2). Surgical excision is often the preferred treatment modality for symptomatic cases or for aesthetic reasons (3). Here, we present a case of bilateral axillary accessory breast tissue treated surgically under local anesthesia, emphasizing the surgical approach and outcomes, particularly in the context of larger accessory breast tissue sizes (8, 11).

Case Report

A 28-year-old female presented to our clinic with complaints of bilateral axillary bulges causing cosmetic dissatisfaction. Physical examination revealed bilateral axillary accessory breast tissue, with each side measuring approximately 7 cm in diameter. The patient expressed a desire for surgical removal of the accessory breast tissue to improve her aesthetic appearance and self-confidence.

Methods

After obtaining informed consent, the patient underwent surgical excision of the bilateral axillary accessory breast tissue under local anesthesia. The patient was positioned in a supine position with arms abducted to expose the axillary region.

The elliptical incision, as depicted in the figure 4, was meticulously crafted along the entire length of the axillary bulge, extending into the hair-bearing skin to facilitate discreet scar concealment. With precision, the dissection commenced, ensuring careful preservation of adjacent anatomical structures, including nerves and blood vessels, while identifying and excising the accessory breast tissue. Given the substantial size of the accessory breast tissue, meticulous attention was devoted to achieving thorough excision while prioritizing optimal cosmetic outcomes.

Hemostasis was diligently maintained throughout the procedure using electrocautery, effectively controlling any bleeding from small vessels and ensuring a bloodless surgical field. Following excision, the wound closure process commenced, executed with meticulous precision in layers. This approach aimed to minimize tension on the wound edges, promoting optimal wound healing and reducing the risk of postoperative complications. Overall, the surgical technique employed encompassed a comprehensive approach, combining meticulous incision design, precise tissue dissection, and careful hemostasis, culminating in meticulous wound closure as shown in Figure 5 & 6. The excision of the accessory breast tissue from both axillary regions, as depicted in Figure 7 and Figure 8, involved meticulous attention to detail to ensure thorough removal while emphasizing optimal cosmetic outcomes. This careful approach aimed to achieve complete excision of the tissue while prioritizing aesthetic results.



Figure 1: Before (left) and 2 weeks after (right) results (right axillary region).

The image depicts the right axillary region before surgical excision of accessory breast tissue (left) and the same region 2 weeks post-surgery (right), showing the cosmetic improvement achieved.

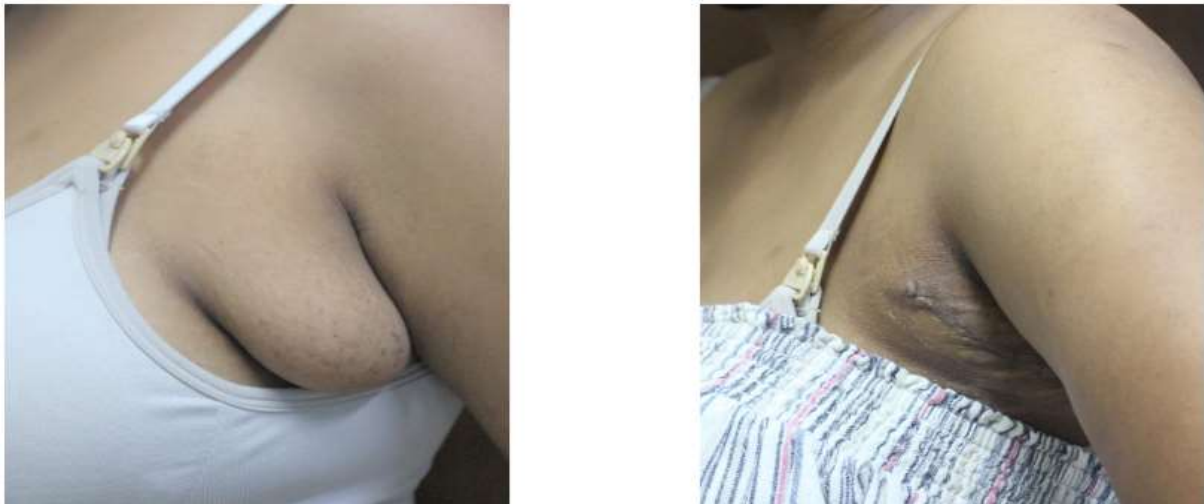


Figure 2: Before (left) and 2 weeks after (right) results (Left axillary region).

The image illustrates the left axillary region before surgical excision of accessory breast tissue (left) and the corresponding area 2 weeks post-surgery (right), demonstrating the successful cosmetic outcome.



Figure 3: Frontal view of both sides results.

This image provides a frontal view of both axillary regions post-surgery, showcasing the symmetry and aesthetic improvement achieved following surgical excision of accessory breast tissue.



Figure 4: Intra-operative view of the surgical excision.

The image presents an intra-operative view of the surgical excision procedure, depicting the meticulous removal of accessory breast tissue from the axillary region.



Figure 5: Surgical closure left axillary area.

This image displays the surgical closure of the left axillary area following excision of accessory breast tissue, highlighting the meticulous wound closure technique employed.



Figure 6: Surgical closure of right axillary area.

The image showcases the surgical closure of the right axillary area after excision of accessory breast tissue, demonstrating the careful closure of the surgical incision.



Figure 7: Excised accessory breast tissue with excess skin (left side).

This image exhibits the excised accessory breast tissue along with excess skin from the left axillary region, demonstrating the extent of tissue removal during surgery.



Figure 8: Excised accessory breast tissue with excess skin (right side).

The image depicts the excised accessory breast tissue with excess skin from the right axillary region, showcasing the surgical outcome and tissue removal from the affected area.

Results

The surgical procedure was performed successfully, with complete excision of the bilateral axillary accessory breast tissue. Intraoperative assessment confirmed adequate hemostasis, and the wound was closed without any complications. Postoperative recovery was uneventful, and the patient reported minimal pain and discomfort. Follow-up examination at 1 week, 2 weeks and 6 weeks revealed well-healed scars along the axillary lines, with no evidence of recurrence or complications. (Figure 1, Figure 2 and Figure 3). The patient expressed satisfaction with the cosmetic outcome, reporting improved confidence and body image, despite the larger size of the accessory breast tissue.

Discussion

Surgical excision of accessory breast tissue, particularly in the axillary region, poses unique challenges due to the proximity to important neurovascular structures and the potential for conspicuous scarring. However, advancements in surgical techniques, such as meticulous dissection and scar concealment strategies, have improved outcomes and patient satisfaction (7). In cases where the size of the accessory breast tissue is

substantial, as in our patient, careful preoperative planning and intraoperative technique are crucial to achieving optimal outcomes.

Local anesthesia offers several advantages in such cases, including reduced systemic risks and enhanced postoperative recovery, while allowing for precise tissue removal (12).

Conclusion

Excision of bilateral axillary accessory breast tissue under local anesthesia is a safe and effective treatment option, even in cases where the size of the accessory breast tissue is substantial. This case highlights the importance of individualized treatment planning, meticulous surgical technique, and postoperative care in achieving optimal results, particularly in cases with larger accessory breast tissue sizes. Further studies are warranted to evaluate long-term outcomes and compare different surgical approaches for the management of accessory breast tissue.

Conflicts of Interest: The author declares no conflicts of interest regarding the publication of this case report.

Informed Consent: Informed consent was obtained from the patient for the publication of this case report and accompanying images.

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