

GALACTOCOELE OF CHILDHOOD – A CASE REPORT

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ABSTRACT

A 31-month old boy with unilateral breast enlargement was found at surgical exploration to have a milk cyst whose lining epithelium was denuded in patches with chronic inflammatory cellular infiltration. The presence of foreign-body giant cells suggests involution of the secretory epithelium due to pressure effects of repeated trauma from attempted expression of the cyst contents.

Keywords : Galactocoele, surgical excision.

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INTRODUCTION

The rare occurrences of milk cysts in the breasts of young children usually present early and are promptly treated by aspiration or surgical removal. This is a report of a child with a milk cyst who delayed seeking treatment and the lesion showed involutionary changes on removal.

CASE REPORT

A 31-month old boy presented with a 2-year history of an asymptomatic right breast enlargement with intermittent whitish discharge from the nipple first noticed at the age of 7 months. Antenatal, birth and developmental histories were normal (Fig 1). The child was otherwise healthy and his right breast was uniformly enlarged. The swelling was cystic and non-tender and the overlying skin was normal (Fig 1). Basic blood and serological studies were normal and a buccal smear revealed no Barr bodies. Surgical exploration of the right breast was performed through a submammary incision and a cyst containing 160 ml of opalacent fluid was removed (Fig 2). Post-operative recovery was uneventful with satisfactory healing. There was no recurrence during a 12-month follow-up.

Microscopic examination of haematoxylin and eosin stained sections showed a cuboidal lining epithelium which contained no secretory granules and which was denuded in some areas. The underlying stroma showed infiltration with lymphocytes, plasma cells and foreign-body giant cells (Fig 3).

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Fig 1
The child on presentation

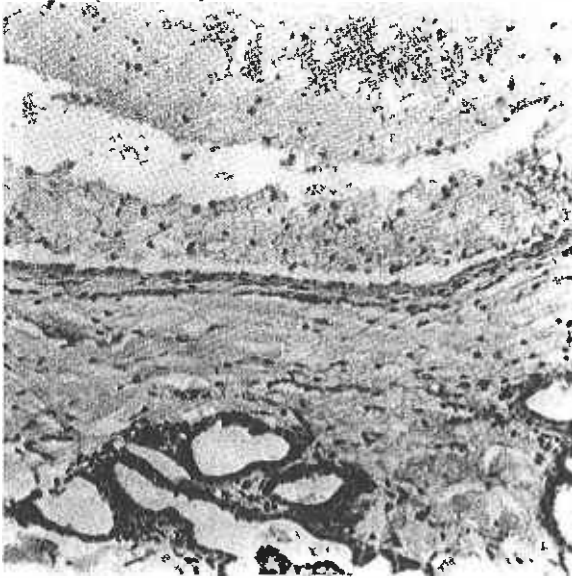


Fig 2
The surgical specimen: the cyst opened with contents evacuated.



Fig 3

Photomicrograph of the cyst wall showing the lining epithelium and chronic inflammatory cells. The lumen contains a proteinaceous deposit



DISCUSSION

Cysts of the breast or galactocoeles when the fluid resembles milk are extremely rare in children^(1,2). The cause of these lesions remains unclear though maternal hormones may initiate their development. They do not however, always present at birth or during the first months of life. These cysts when they present during infancy are promptly treated, usually by surgical excision. Should they present late, as in the case described, or be allowed to persist, the secretory activity would be expected to eventually cease with the partial resorption of the secretory content, The gradual replacement of the cystic swelling with a smaller firmer lump containing inspissated secretory material may then be presumed.

From such a natural history malignant transformation would appear unlikely, but the persistence of a lump into adult life would, particularly in the female, be a cause for concern. Early surgical excision through a cosmetically placed incision remains the treatment of choice, though needle aspiration of small cysts have been curative⁽³⁻⁵⁾.

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