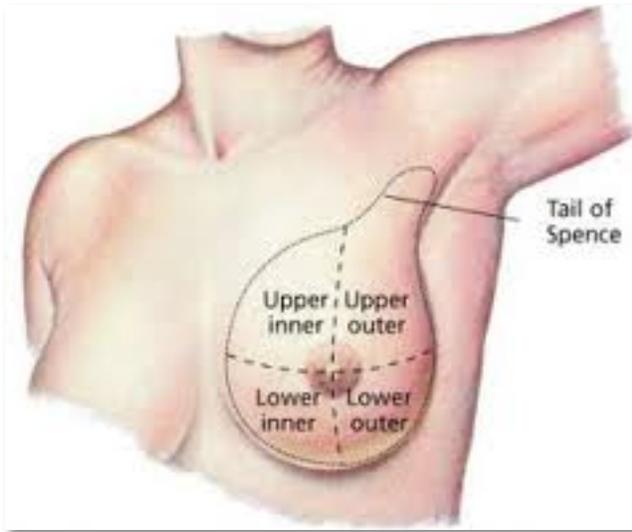


DR. HAILEY DISCUSSES ECTOPIC/ACCESSORY BREAST TISSUE



All women have breast tissue that extends into the armpit; some simply have more. This commonly becomes prominent after puberty or childbirth. While there is no need to remove it in most cases, the only option is surgical if a patient opts for treatment. Like any other breast tissue, cancer can develop in this tissue. For this reason, any new lumps should be taken seriously and thoroughly examined and imaged. If nothing suspicious is seen – the area can be followed conservatively.

Many women find that the amount of extra skin and tissue limits their activities and causes cosmetic concerns to the point to where surgery is contemplated. The treatment of choice for symptomatic accessory axillary breast tissue is **Surgical Excision**, as removal of the tissue will relieve physical discomfort or mechanical discomfort in the case of large volume accessory tissue.

TREATMENTS

Surgical Excision is usually utilized as the best treatment as this will remove excess skin and underlying tissue. The tissue can recur over time, after future pregnancies, etc. There can be a large amount of scarring of the skin where the resection was done and patients may experience contour irregularities. There can be numbness in the adjacent skin and a pulling sensation from the scar itself. Immediately post op, there can be bleeding, infections, poor wound healing, etc. A drainage tube may be placed at the time of surgery to keep fluid from building up in the operative site. This tube is usually removed after one week. Most women are completely pleased with the end result - an excision removes this burdensome tissue and allows for a complete pathologic workup.

Liposuction can also be used to remove the excess tissue. The skin overlying the tissue is not removed (unless Surgical Excision is also used – see above paragraph). The incision(s) made to perform only liposuction are more cosmetically pleasing – but recurrence is somewhat higher and the tissue cannot be evaluated by the Pathologist as well as with Surgical Excision.

Accessory Breast Tissue can be worrisome to the patient. To the Physician – as long as the imaging and exam show no worrisome findings – the area can be followed conservatively for as long as the patient desires. Should excision be entertained – the patient must have “realistic” expectations of the surgical outcomes.

Should you have additional questions/concerns after reading this – please alert Dr. Hailey.



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