Sir,

Traditionally, breast fibroadenomas surpassing 5 cm size or 500 kg qualify as giant.\textsuperscript{1,2} Updated literature denotes 60 cm as the largest and 2.1 kg as the heaviest.\textsuperscript{1,3} Here, we discuss a case of exceptionally giant fibroadenoma (GFA) and duly name it "super giant". To our knowledge, this is world's first such report.

A 17-year girl presented with rapidly growing bilateral breast lumps over three months. The sheer weight significantly limited her daily activities; lying supine caused her annoying respiratory difficulties. However, she never had anorexia, loss of weight/appetite or nipple discharge. Aptly, her foremost apprehension was the resultant psycho-social stigma and soaring likelihood of malignancy. Though details remained unavailable, she had undergone lumpectomy from right breast four months back. Family history was insignificant. On examination, each breast was entirely occupied by massive multi-lobulated, firm, non-tender lump (Figure 1). The right breast measured a staggering 63 x 47 cm and the left 51 x 39 cm. Overlying skin and nipple-areola-complex were intensely stretched, shiny with several dilated subcutaneous veins. Right breast bore a healed linear scar of previous surgery. The enormous lumps of both the breasts were mobile over the underlying muscles. There were no palpable lymph nodes in either axilla. Systemic examination was normal. Her hemogram did not reveal any abnormality. Ultrasonography showed bilateral gigantic homogenously hypoechoic masses with heterogeneous parenchymal pattern suggesting fibroadenomas. But she refused to undergo either magnetic resonance imaging (MRI) or mammography. Fine needle aspiration cytology demonstrated benign proliferative disease. At this stage, our differentials were GFA, phyllodes tumor, and virginal breast hypertrophy. Finally, core-tissue biopsy clinched the diagnosis of GFA by illustrating proliferative epithelial and stromal cells without leaf-like pattern or mammary lobules. Subsequently, we counseled her comprehensively and posted her for bilateral simple mastectomy. Yet, she opted out of synchronous breast reconstructions. Surgically, the GFAs were well-encapsulated and free from pectoral muscles, hence could be excised rather easily and completely (Figure 2). The right breast specimen weighed a whopping 5.95 kg and the left 4.83 kg. Postoperatively, she recovered well and the histopathology confirmed GFA. Over the last one year follow-up, she remained asymptomatic. Currently, she is being counseled for bilateral breast reconstruction.

Though encountered rarely, it is quite challenging to manage patients with bilateral GFA.\textsuperscript{4,5} Moreover, this was a unique case, as it was the largest and heaviest, bilateral and recurrent GFA in an adolescent female, and hence merited presentation at a global forum.

\textbf{Figure 1:} Super-giant breast fibroadenoma: Clinical photographs: (A) Gigantic asymmetrical and deformed breasts drooping about the waist. Note that the patient could barely stand without support. (B) Breasts extending almost up to the thighs limiting forward bending and needing support as well (arrow). Note the extensive plexus of engorged veins. (C) Patient in supine position. Note the marked disparity between the considerably heavy breasts and the thin torso. Also note the horizontal scar on the right breast (arrow). (D) Patient being induced for general anesthesia. Note multiple bulges protruding through tense skin (stars).

\textbf{Figure 2:} Operative photographs. (a) Observe the post-mastectomy tensionless primary closure over drain tubes. (b) Right breast specimen. Note the post-excision "slack" skin and the nipple-areola-complex (arrow) summarily exposing the giant multi-lobulated fibroadenoma from all sides. (c) Left breast specimen. Note the cut-surface depicting clusters of numerous globular well-demarcated lumps densely packed together. (d) Histopathological photo-micrograph (Hematoxylin-Eosin staining) showing features of fibroadenoma.
REFERENCES


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**Letter to the editor**

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