

# Information Snapshot – Mr Jose Cid Fernandez

## Clinical Update on Fibroadenomas and Breast Cysts

Most women presenting with a breast problem have normal breasts or benign breast conditions. Accurate diagnosis and effective treatment of these patients is crucial to relieve their anxiety and/or morbidity. Fibroadenomas and breast cysts are so common that they are now not regarded as disease but rather as aberrations of normal breast development and involution respectively. What follows is practical advice to understand and manage these two common benign conditions that account for a large proportion of women with benign breast complaints.

### Fibroadenomas

A fibroadenoma is not a tumour but is considered an aberration of normal breast development that contains a mixture of epithelial and stromal tissue. Clinically fibroadenomas present as discrete, mobile, rubbery lumps in young women, or as an incidental finding on breast imaging of older women. The majority do not change in size over time, some can become smaller or disappear, and a small proportion get larger.

#### Investigation

- Breast ultrasound and core biopsy provides the diagnosis.
- For younger women (i.e. under 25) FNA cytology diagnosis is acceptable.
- For the very young (i.e. under 18), with clearly benign and imaging findings and with a very small lump, biopsy can be omitted; in this situation follow up ultrasound at 6 months is recommended.
- In women over the age of 35 with a palpable breast lump bilateral mammography is performed in addition to breast ultrasound.

#### Management

- Women with histologically proven fibroadenomas less than 3 cm in diameter can be reassured, and if they do not wish to have their lump removed, they can be discharged with no follow up.
- Excision is advised for lumps greater than 3 cm or those which cause distortion of the breast contour.
- Excisions are performed through a cosmetically placed skin incision – an inframammary approach with tunnelling through the retro-glandular space provides access to most breast lumps and leaves an inconspicuous scar (Fig).



*Preoperative markings of left breast fibroadenoma and skin incision in the inframammary fold (Left), and postoperative hidden scar (Right)*

### Breast Cysts

Cysts constitute an aberration of normal breast involution, consisting of distended involuted lobules. They occur most commonly in pre-menopausal women. Clinically they present as discrete breast lumps, often multiple, and some women have cysts bilaterally.

#### Investigation

- Breast ultrasound is essential to differentiate cystic and solid lesions, and can also distinguish between simple and complex cysts, the latter characterised by internal echoes, or thickened wall, and absent posterior acoustic enhancement.
- As for fibroadenomas, women over 35 have also a bilateral mammography.

#### Management

- Simple asymptomatic cysts can be left alone.
- Large symptomatic cysts require aspiration to dryness. If the fluid yielded is blood stained it is sent for cytology. If a residual lump is palpable after aspiration this necessitates further imaging and biopsy.
- Complex cysts are aspirated too, with fluid cytology as necessary also. Core biopsy of thickened wall or cystic wall projections is performed to exclude an intra-cystic papilloma or carcinoma.
- Cysts aspirated to dryness and without other demonstrated pathology do not require follow up. Although repeat investigation and aspiration can be performed if/when the cyst recurs.

### About Mr Jose Cid Fernandez



Mr Cid Fernandez is an Oncoplastic Breast Surgeon and General Surgeon who has worked in public hospitals in Perth since 2008. He has recently joined the multidisciplinary breast cancer care team at the Perth Breast Cancer Institute and offers consultation services for all aspects of benign and malignant breast conditions and reconstructive breast surgery. Mr Cid

Fernandez can see patients within a few days and is available for urgent consultations as required. He holds a public appointment as a Consultant Breast Surgeon at Fiona Stanley Hospital.

For more information on Mr Cid Fernandez please click [here](#)

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