

GLOMUS TUMOUR OF BREAST – A CASE REPORT

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ABSTRACT

Glomus tumors are rare, benign neoplasms originating from glomus cells, most often occurring in nail beds. Breast involvement is exceptionally uncommon. We present the case of a 30-year-old woman with a right breast lump of benign clinical appearance that was diagnosed as a glomus tumor on histopathology and managed surgically with complete excision.

INTRODUCTION

Glomus tumors arise from modified smooth muscle cells of the glomus body involved in thermoregulation. They are rare soft-tissue tumors (<2%) most commonly found in digits. Extra-digital sites include gastrointestinal tract, liver, lung, mediastinum, ovary – and rarely, the breast. Only a handful of benign (=5) and malignant (<2) breast glomus tumor cases have been reported worldwide.

CASE PRESENTATION

A 30-year-old woman, G3P, presented with a painful right breast lump for 8 months. Examination revealed a firm, lobulated, tender mass at 3 o'clock with no lymphadenopathy. Ultrasound showed two hypoechoic lobulated solid lesions (3.2 x 2.7 cm). BIRADS IV with vascularity.

DISCUSSION

Glomus body is a specialized arteriovenous shunt controlling thermoregulation. Digits are the common site in digits; rare sites include breast, GI tract, and mediastinum. Imaging findings are non-specific: MRI typically shows low T1, high T2, and vivid enhancement. Diagnosis requires histopathology and IHC. Treatment is complete surgical excision with excellent prognosis. Recurrence occurs only if incomplete. Malignant glomus tumors are confirmed.

CONCLUSION

Glomus tumor should be considered in the differential diagnosis of atypical benign breast lumps with pain and vascularity.

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