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LATERAL TIBIAL PLATEAU FRACTURES

The lateral tibial plateau fracture, also called the bumper fracture because the mechanism of injury is frequently a car bumper, is a common injury. Because a car is often involved there are obvious legal implications. As an orthopedic surgeon, lawyers often ask me what is the likely long-term result of such a fracture. The medical literature is silent on this issue, but large series of knee replacements seldom list trauma as a precipitating event.

In reviewing all my cases of total knee replacement (2000 cases over 20 years), I looked for patients who had required total knee replacement as a result of such an accident. I found four cases: two men and two women, ranging in age from 62 to 94 years. One of these patients had had the tibial plateau elevated and grafted and had suffered avascular necrosis of the plateau — an unusual occurrence.

This means that in 20 years of working in a large city, I have had to do only three total knee replacements for the average bumper fracture. I therefore conclude that the average lateral tibial plateau fracture is a relatively benign injury, which seldom results in significant post-traumatic osteoarthritis. The probable reason for this is that 60% to 80% of the load on the knee goes through the medial compartment, leaving the lateral side relatively unloaded.

Incidentally, the results of total knee replacement in the four patients were uniformly excellent.

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RETROAREOLAR LEIOMYOMA

Leiomyoma, a smooth-muscle tumour, occurs most frequently in the genitourinary and gastrointestinal tracts, less frequently in the skin and more rarely in the deep soft tissues.¹ Leiomyoma of the breast or nipple is uncommon and causes little morbidity, therefore it is difficult to find reports that describe its presentation, diagnosis and treatment. From a review of the English literature in 1989, Allison and Dodds² concluded that there are fewer than 20 reported cases of leiomyoma of the nipple or areola. Since then, Silk, Hena and Pilon,³ Ilie⁴ and Yokohama and colleagues⁵ have reported additional cases. I was able to find one reference to a leiomyoma in the retroareolar region.⁶ I report here a new case of leiomyoma occurring in the retroareolar region in a woman.

A 45-year-old woman presented with a well-defined, smooth, firm, tender lump behind the right nipple. The lump measured approximately 1 cm in dimension. She had first noticed it 2 weeks earlier, and it appeared to be increasing in size. Three years before she had had a cyst in the same region that was found to be benign on biopsy. Physical examination of the right breast revealed no apparent calcification, skin distortion, inflammation, retraction of the nipple or nipple discharge. No mammographic or ultrasound abnormalities were demonstrated. The lesion was excised. The specimen included some breast parenchyma, a few lobules and ducts. However, the greater part of the specimen was taken up by a pink-tan mass, measuring 1.4 × 1.4 × 0.7 cm and composed of discrete smooth-muscle bundles. There was

no histologic evidence of malignancy.

The origin of the tumour reported here is likely from the muscularis mamillae of the nipple or areola, since the location of the lesion was not deep enough to be considered in the parenchyma of the breast. Appropriate treatment for this type of tumour is complete excision. Although leiomyoma can apparently recur if not completely excised,⁷ there are no reported cases of these tumours progressing to a sarcoma.

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References

1. Enzinger FM, Weiss SW: *Soft Tissue Tumors*, C.V. Mosby, St. Louis, 1988: 383-402
2. Allison JG, Dodds HM: Leiomyoma of the male nipple: a case report and literature review. *Am Surg* 1989; 55: 501-502
3. Silk YN, Hena MA, Pilon V: Leiomyoma of the nipple [letter]. *N Y State J Med* 1992; 92: 408-409
4. Ilie B: Neoplasms in skin and subcutis over the breast simulating breast neoplasms: case reports and literature review. *J Surg Oncol* 1986; 31: 191-198
5. Yokoyama R, Hashimoto H, Daimaru Y et al: Superficial leiomyomas: a clinicopathologic study of 34 cases. *Acta Pathol Jpn* 1987; 37: 1415-1422
6. Saggio A, Alongi G, Cina C et al: A case of retroareolar leiomyoma of the breast. *Chir Ital* 1984; 36: 66-71
7. Nascimento AG, Karas M, Rosen PP et al: Leiomyoma of the nipple. *Am J Surg Pathol* 1979; 3: 151-154

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