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Original Research Paper

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GIANT PHYLLODES TUMOR - A RARE CONDITION IN MODERN ERA OF SOPHISTICATED SCREENING AND PATIENT EDUCATION

Dr. Badri Sri Harshini — Pg 2nd Year, General Surgery

Dr. Palavali Venkata Jeevan — Pg 2nd Year, General Surgery

ABSTRACT Modern screening techniques and improved patient awareness have made giant phyllodes tumors a rare phenomenon. We are here to report one such instance of a big phyllodes tumor that had pressure necrosis of the skin underneath and was bleeding. The exact aetiology of phyllodes tumour and its relationship with fibroadenoma are unclear. Women aged between 35 and 55 years are commonly involved. The median tumour size is 4 cm but can grow even larger having dilated veins and a blue discoloration over skin. Palpable axillary lymphadenopathy can be identified in up to 10–15% of patients but <1% had pathological positive nodes. Mammography and ultrasonography are main imaging modalities. Cytologically the presence of both epithelial and stromal elements supports the diagnosis.

KEYWORDS :

INTRODUCTION

The uncommon fibroepithelial neoplasm known as Phyllodes tumor of the breast has recurrence and uncommon metastatic risks. Based on a combination of several histological characteristics, these tumours are categorized by WHO as benign, borderline, and malignant. In the first two years following surgery, borderline tumors are more likely to recur.

Case Study

A 48 year old female homemaker presented with complaints of lump in the left breast since the last 6 months , rapidly progressive in size associated with pressure necrosis and bleeding or the overlying skin since 1 day. On Examination, a solitary lump of size 23x14cms was visualized in the left breast. Overlying skin appeared stretched with presence of dilated veins associated pressure necrosis and bleeding. NAC was deformed and displaced inferolaterally. Surface was bossellated. Consistency variable, lump was freely mobile along with breast tissue. Axillary lymphadenopathy present. USG guided FNAC showed features suggestive of fibroadenoma.

Operative Findings

Patient was taken up for simple mastectomy under GA, axillary lymph node sampling was done and primary skin closure done after placing closed suction drains. Postoperative course was uneventful. The results of the histopathological study revealed a 2.64 kilogram tumor made up of spindle cells grouped in sheets and fascicles with leaf-like fronds and dilated ducts, some of which had hyperplasia of the typical kind. Atypical cells and focal stromal hypercellularity are seen. Mitosis of 4-5/10hpf seen at foci.15/15 lymph nodes show features of reactive follicular hyperplasia.

Resection margins free of tumor showed features those of Borderline Phyllodes tumor. The patient was then advised follow-up with examination and imaging to allow early detection of recurrence.

CONCLUSIONS

Breast phyllodes tumors are uncommon tumors (1%), having a variety of clinicopathologic appearances. Low morbidity and mortality rates are a result of the extensive use of contemporary imaging and increased public awareness. Though the bulk of them are harmless. Borderline tumors shows high recurrence rates. The crucial period for follow-up is 1-2 years after surgery. The sonographic characteristics aid in recurrence diagnosis. The delay in diagnosis, which in turn causes an increase in comorbidities and a lower standard of living, is a result of poor literacy rates and misinformation.

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