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Original Research Paper

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MALIGNANT PHYLLODES TUMOR OF THE RIGHT BREAST – A CASE REPORT

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ABSTRACT Malignant phyllodes tumors are rare fibroepithelial neoplasms of the breast characterized by rapid growth and local aggressiveness. We report the case of a 28-year-old woman presenting with a large right breast swelling measuring 10 × 8 cm, associated with ipsilateral axillary lymphadenopathy. Clinical, radiological, and histopathological evaluation confirmed malignant phyllodes tumor. Modified Radical mastectomy was performed. The postoperative course was uneventful. This case highlights the aggressive nature of malignant phyllodes tumors in young women and the importance of early diagnosis and complete surgical removal.

KEYWORDS : Malignant phyllodes tumor; Breast neoplasm; Fibroepithelial tumor; Axillary lymphadenopathy; Case report

INTRODUCTION

Phyllodes tumors are rare fibroepithelial breast neoplasms accounting for less than 1% of all breast tumors. They are classified as benign, borderline, or malignant based on stromal cellularity, atypia, mitotic activity, and tumor margins. Malignant phyllodes tumors constitute 10–30% of all phyllodes tumors and are known for rapid growth, local recurrence, and occasional metastasis.

They typically present as large, fast-growing breast masses. Axillary lymph node involvement is uncommon but may be present due to reactive hyperplasia. Surgical excision with clear margins remains the primary treatment. We present a case of a young female with a large malignant phyllodes tumor of the right breast.

Case Presentation

A 28-year-old woman presented with a progressively enlarging swelling of the right breast for 6 months, with rapid increase in size during the last 2 months. She reported heaviness and discomfort but no nipple discharge or systemic symptoms.

On examination, the right breast showed a large, firm, lobulated mass measuring approximately 10 × 8 cm involving the outer quadrants. The skin was stretched and shiny. The nipple-areola complex was displaced but intact.

Ipsilateral axillary lymphadenopathy was noted, with multiple palpable, firm, mobile nodes up to 1.5 cm.

Ultrasound revealed a heterogeneous mass with cleft-like spaces suggestive of a phyllodes tumor. Core needle biopsy demonstrated marked stromal cellularity and atypia consistent with a malignant phyllodes tumor.

The patient underwent Modified Radical Mastectomy .The specimen included a large lobulated mass and multiple axillary lymph nodes.

Results

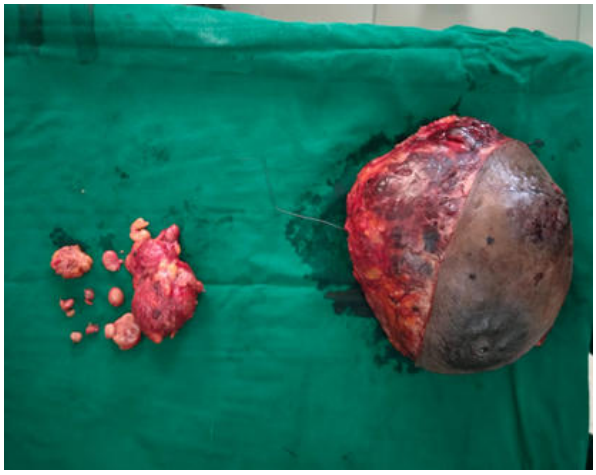
Gross examination revealed a large, encapsulated mass with leaf-like projections and areas of hemorrhage and necrosis.

Histopathology confirmed a malignant phyllodes tumor, showing:

- Marked stromal hypercellularity
- Nuclear atypia
- Stromal overgrowth
- High mitotic activity (>10 per 10 HPF)
- Infiltrative tumor margins

Axillary lymph nodes showed reactive changes only, with no evidence of metastasis.

Margins were free of tumor. The patient recovered well postoperatively and is under regular follow-up.



DISCUSSION

Malignant phyllodes tumors are rare but aggressive fibroepithelial lesions with the capacity for rapid growth, large tumor size, and recurrence. Clinical presentation often mimics fibroadenoma, but the rapid increase in size is an important distinguishing clue.

Axillary lymphadenopathy occurs in a minority of cases and is usually reactive, as lymphatic spread is uncommon. In this patient, lymph node enlargement warranted dissection and pathological evaluation, which confirmed reactive changes.

Surgical management requires modified Radical Mastectomy . The role of adjuvant therapy remains unclear and is typically considered only in recurrent or metastatic disease. Close follow-up is essential due to the high recurrence rate within the first few years.

CONCLUSION

Malignant phyllodes tumors are rare breast tumors that require timely recognition and complete surgical excision. This case highlights the aggressive nature of the disease, especially in young women, and the importance of evaluating axillary lymphadenopathy when present. Long-term follow-up is essential to detect recurrence early.

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