



## PHYLLODES TUMOR OF THE BREAST: CASE REPORT

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## KEYWORDS :

## INTRODUCTION:

Phyllodes tumors are rare fibroepithelial breast tumors, which are sometimes difficult to diagnose preoperatively and have unpredictable clinical outcome. These tumors must be suspected in patients with rapid growing breast nodules, to avoid inappropriate management.

## CASE REPORT:

A 42 years old female patient presented with a 12 month history of palpable mass in the right breast, with accelerated growth in three month associated with pain. Patient had received homeopathic and ayurvedic treatment for same.

Physical examination revealed mass in right breast which was lobulated, {size of 20\*25\*8 cm} occupying all the quadrants with dilated vessels {Figure 1 & 2}. No skin involvement or axillary lymph nodes.

## ON INVESTIGATION-

1. Sonomammography showed large mass occupying almost entire right breast- Giant fibroadenoma/ Phyllodes tumor. BIRADS- III.
2. Ultrasound s/o mass lesion like atypical fibroadenoma {BIRADS- III/IV}.
3. FNAC s/o cellular fibroadenoma with mild nuclear atypia.
4. CECT Chest s/o lobulated well marginated heterogeneously enhancing soft tissue mass lesion in the right breast abutting the skin s/o Giant fibroadenoma.
5. Chest xray -No significant abnormalities
6. Abdominal ultrasound -No significant abnormalities.

Patient was subjected to Right Simple Mastectomy With Level I Lymph Node Dissection.

Postoperative recovery was uneventful.

## HISTOPATHOLOGICAL EXAMINATION REPORT-

1. BENIGN PHYLLODES TUMOR- Right simple mastectomy specimen. All resection margins are free of tumor.
2. Axillary dissection: 5 lymph nodes dissected. All are free of tumor.
3. Level I dissection: 6 lymph nodes dissected. All are free of tumor.



Figure 1 & 2- lobulated mass occupying all the quadrants of right breast with dilated vessels.

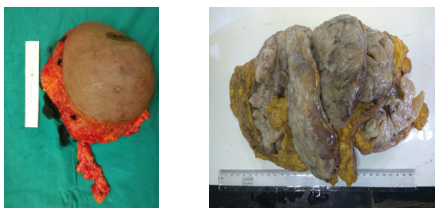


Figure 3&4-Surgical specimen showing multilobulated mass with well defined borders

## DISCUSSION:

Phyllodes tumors are rare lesion with an incidence of less than 1% of all breast tumors.<sup>1</sup> Its incidence is greater in white women 35-55 years of age.<sup>2</sup> Clinically, phyllodes tumors are more commonly presented as a rounded nodules, mobile, usually painless and with rapid growth.

Histologically, these tumors are biphasic lesions consisting of a stromal and epithelial components, arranged in an undulating configuration with many slit like spaces and crevices surrounded by an increased growth of mesenchymal cells.<sup>3</sup> Its stromal part protrudes into the ductal lumen with a foliaceous aspect.

The 2003 WHO tumor classification proposed the classification of phyllodes tumors into three categories {benign, borderline and malignant}.<sup>4</sup> According to the degree of cellular atypia, mitotic activity, characteristics of the tumor margins and the presence of stromal growth.<sup>5</sup>

There are no mammographic abnormalities or ultrasonographic pathognomonic signs. In mammography, these lesions commonly present as voluminous isodense mass to breast parenchyma, usually greater than 5 cm, circumscribed, which may be associated with calcifications. In ultrasound, they are generally characterized as a solid lobulated nodule of well-defined contours, and may be associated with cystic components.<sup>6,7</sup>

Phyllodes tumors present rapid growth, however, when in smaller dimensions, it's difficult to differentiate them from fibroadenoma, including anatomopathologic aspects of fragments obtained through core biopsy, where the main criterion for differentiation of fibroadenoma is the higher stromal cellularity presented in phyllodes tumors. There are also problems to characterize malignant forms due to its large cellularity and atypia variation, making broader samples necessary for conclusive diagnosis, even in surgical specimens. Mitotic count may also be negatively affected by the size of the fragments obtained by core biopsy and in the malignant shapes, the stromal overgrowth can result in the absence of epithelial part in the sample.<sup>8</sup>

The treatment for the phyllodes tumors remains surgical removal of this tumor. It is essential to keep a sufficient margins of healthy tissues, which reduces the risk of local recurrence. For borderline or malignant phyllodes tumors or in case of local tumor recurrence, mastectomy may become the preferred option. The role of adjuvant treatments is unproven and must be considered on a case-by-case basis.

It is necessary to follow up the patients, because there is a risk of local and distant metastasis.<sup>9,10,11</sup>

Therefore, it is important that radiologists be familiar with the imaging features of this pathology. We emphasize the need to consider phyllodes tumor as a differential diagnosis, mainly when solid masses with cystic areas are detected. The radiological suspicion for a phyllodes tumor already indicates surgery with wide excision, even if the confirmation on the basis of a needle biopsy is not possible, in order to avoid recurrence which may be malignant, as described above.

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