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A Giant Phyllodes Tumor: A Case Report

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Abstract: ***Phyllodes tumor is a benign breast tumor with a malignant potential. It is very rare around the world. Malignant phyllodes tumors originate from the connective tissue of the breast, so they are histologically sarcomas. Here we present a case of 39 year old female with complain of left breast lump since 10 month. Patient underwent fibroadenoma excision 2 years back on same side following which she developed this lump. She then had several investigations done suggestive of phyllodes tumor and presented to hospital with same complain. She was operated for left side breast simple mastectomy and specimen was sent for histopathological examination which was suggestive of phyllodes tumor.***

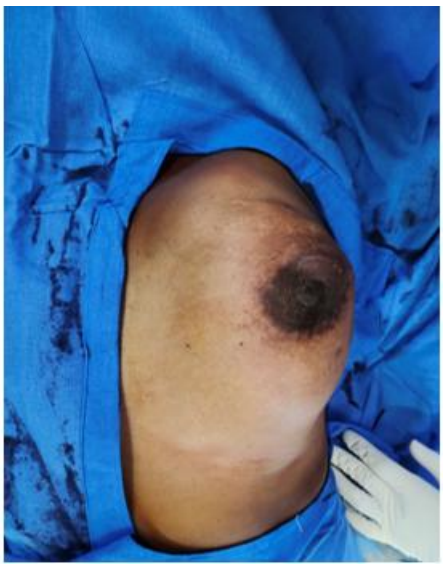
Keywords: Giant phyllodes, mastectomy, breast lump

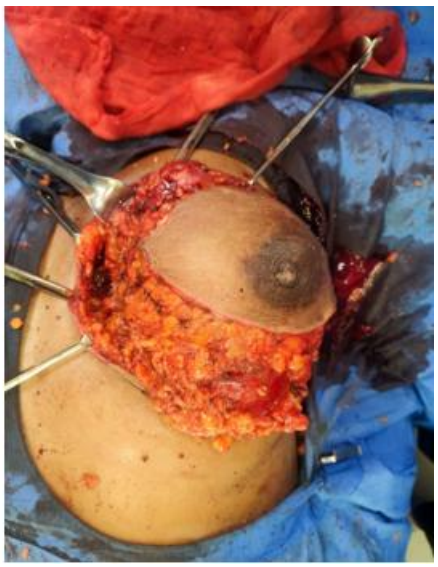
1. Introduction

Phyllodes tumor is a rare tumor of the breast in comparison to other histologic subtypes, however, itself, is not a rare tumor, accounting for <1% of all breast malignancies (1), and has an incidence of about 2.1 per million. Most of these tumors are benign, but some have a malignant potential. These tumors commonly occur in females during the 4th or 5th decade of life. They can grow rapidly and the associated symptoms can mimic other types of breast carcinoma, particularly if the mass ulcerates and bleeds. Phyllodes tumor usually compresses the surrounding tissue from which it is usually well demarcated. The bulk of this tumor is connective tissue with mixed gelatinous cystic and solid areas (2). Malignant tumors usually have rhabdomyosarcoma and liposarcoma rather than fibrosarcomas, the number of mitoses may help in the diagnosis of the malignant subtype (3). The only treatment option for these tumors is surgical removal (3).

2. Case Presentation

A 39 year old female presented to our outpatient department with complain of left side breast lump since 10 month associated with minimal pain. Patient had undergone several investigations after which she was referred to our department. She gave history of operative intervention 2 years back for lump excision over the same side of breast with no available documents. On examination A 10× 8 cm² of swelling was present at 3ò clock position with no any nipple discharge, no any fixity to skin. Swelling was fixed to breast tissue with absent chest wall involvement. We investigated the patient and true cut biopsy was sent which revealed fibroadenoma with apocrine changes. Patient was admitted to ward and her all routine investigations were done which were found to be normal.





Patient was posted for surgery and her right side simple mastectomy was done. The specimen was sent for histopathological examination and the result was right side breast benign phyllodes tumor with areas of fibroadenoma with apocrine changes with no evidence of malignancy.

3. Discussion

Phyllodes tumors often present a diagnostic and treatment dilemma. The World Health Organization classified phyllodes tumors into benign, borderline, and malignant categories based on the degree of stromal cellular atypia, mitotic activity per 10 high-power fields, degree of stromal overgrowth (these three are main), tumor necrosis, and margin appearance. Borderline tumors have the greatest tendency for local recurrence (4). All forms of phyllodes tumors have malignant potential and can behave like sarcomas with blood-borne metastasis to various organs, commonly the lungs, bone, and abdominal viscera (5). The majority of phyllodes tumors have been described as benign (35% to 64%), with the remainder divided between the borderline and malignant subtypes. A five-year survival rate was observed in almost 100% of patients with benign tumors, 98% with borderline, and about 88% with malignant (6). The cutoff point for giant phyllodes tumor is 10cm, this size presents management problems to the surgeon, and although the surgical management of phyllodes tumors had been previously addressed in the literature, few reports have commented on the giant phyllodes tumor (7). Depending on malignant potential, bulky tumor, recurrence, and status of resection margins, the treatment may vary between wide local excision with 1cm breast tissue or radiotherapy (8). Revision surgery may be required for a high percentage of tumors with inadequate margin removal, and radiotherapy after breast surgery may significantly reduce the local recurrence rate for borderline and malignant tumors (7, 9). What was fascinating about our case was not so much the initial presentation, but the aggressiveness of this variation of phyllodes, because the mass had been excised 2 year previously in another hospital, then it aggressively reoccurred again.

4. Conclusion

Accurate preoperative pathological diagnosis allows correct surgical planning and avoidance of reoperation. The value of FNAC in the diagnosis of phyllodes tumor remains controversial, but core needle biopsy has high sensitivity value. Surgical management is the mainstay, and local recurrence in phyllodes tumors has been associated with inadequate local excision.

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