

A Case Report of Largest Borderline Axillary Phyllodes - Rare Case

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Abstract: *Phyllodes tumours of the breast are uncommon, and those that grow from ectopic breast tissue are extremely rare. We present a rare case of a large borderline phyllodes tumour arising in the ectopic breast tissue of axilla that was managed successfully by wide local excision.*

Keywords: phyllodes, ectopic breast tissue

1. Introduction

Phyllodes are uncommon breast tumours accounting for less than 1% of all breast tumours [1]. They have been classified as benign, borderline & malignant [2]. Very few case of phyllodes arising in the ectopic breast tissue in the axilla have been reported.

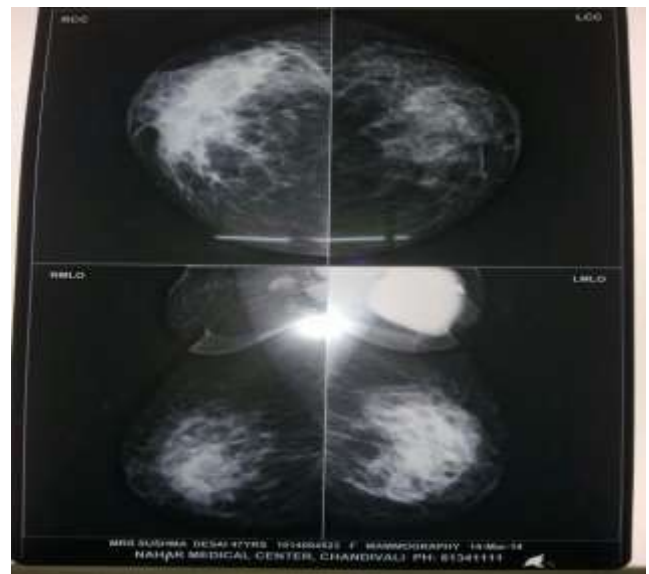
We present a rare case of a large borderline phyllodes tumour arising in the ectopic breast tissue of axilla. After an extensive literature review, to the best of our knowledge the largest size of phyllodes reported so far is upto 6cm.

2. Case Presentation

A 48 year old patient presented with a painless lump in left axilla since 2 years, gradually increasing in size. There was no history of breast lump, nipple discharge or nipple retraction. On examination, there was a 10 x 8 cm swelling in the left axilla, firm in consistency, non-tender, mobile & not fixed to the skin. There was no lump palpable in the breast, no contralateral breast or axillary lump, no cervical or supra-clavicular lymphadenopathy.

Differential diagnosis included Lymph node mass, Breast axillary tail fibroadenoma.

Mammography showed a well-defined, well circumscribed homogenous lesion in the left axilla.



Wide local excision was done. Final histopathology report was suggestive of borderline phyllodes tumour.



3. Discussion

Ectopic breast tissue can be found anywhere along the milk line including axilla, inframammary crease and vulva. Interruption of galactophoric duct migration from the axillary trough to the mid-clavicular line can occur in 2% to 6% of female embryos resulting in ectopic localization of breast tissue. Approximately 67% of accessory breast tissue occurs in the thoracic or abdominal portions of the milk line & another 20% occurs in axilla [9].

Wherever the localization of ectopic breast tissue, it could develop any benign and/or malignant disease [3]. Axillary breast cancer is a rare finding, accounting for 0.3% of all breast cancers [10]. All histological types may be encountered, with a higher frequency of ductal carcinomas. Few studies [10, 11] found a greater frequency of medullary carcinomas and a relative rarity of invasive lobular carcinomas.

Phyllodes tumours of the breast are uncommon, and those that grow from ectopic breast tissue are extremely rare. About nine cases have been reported, including tumours of the vulva, inguinal region and axilla [4]. There are few cases of fibro-epithelial neoplasm localized in axilla, such as fibroadenomas [5, 6] & less commonly phyllodes tumours [4, 7–8].

Diagnosis should be performed with core needle biopsy and treatment with surgical excision with wide margins is mandatory. To classify benign, borderline, or malignant phyllodes tumour, the pathologist needs to analyse the whole surgical specimen. The main differential diagnosis is fibroadenoma which is especially difficult on core biopsies. Parameters favouring phyllodes tumour diagnosis included increased stromal cellularity, pleomorphism, stromal overgrowth, and presence of mitoses.

Immunohistochemistry stains have limited value in differential diagnosis of fibro-epithelial neoplasms & despite search efforts, morphology remains the gold standard.

4. Conclusion

The case report emphasizes that fibro-epithelial tumours including phyllodes can rarely arise in ectopic breast tissue of axilla & a high index of suspicion is required for their diagnosis. Even in these ectopic phyllodes tumours the diagnosis and treatment are similar to those in other phyllodes tumours in normal mammary gland.

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