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Case Report

GIANT PHYLLODES TUMOR IN A MIDDLE AGED WOMAN: CASE REPORT AND REVIEW OF LITERATURE

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Abstract :

Introduction: Phyllodes tumors are rare fibroepithelial tumors of breast, characterized by their rapid growth. Tumors more than 10 cm in size are termed as giant phyllodes. We report a rare case of a phyllodes tumor reaching gigantic proportions of 32 cm. a brief review of literature follows. Case Report: A 40 year old female presented with a huge lump in left breast, which was first noticed 1 year back. There were no other significant complaints. Upon examination whole of the parenchyma of left breast was replaced by the tumor, which measured 32 cm in diameter. Opposite breast and bilateral axillary regions were normal. Ultrasound of the breast was inconclusive. FNAC findings leaned towards the clinical suspicion of phyllodes tumor. The patient underwent simple mastectomy. The diagnosis was confirmed histologically. Post operative period was uneventful. Conclusion: For benign phyllodes tumors simple mastectomy is preferred treatment. Modified radical mastectomy should be reserved for the patients with positive axillary lymph nodes and suspicious histological findings.

Key words- Giant Phyllodes tumor; Histopathology; Ultrasonography Breast; Mamography; Simple Mastectomy

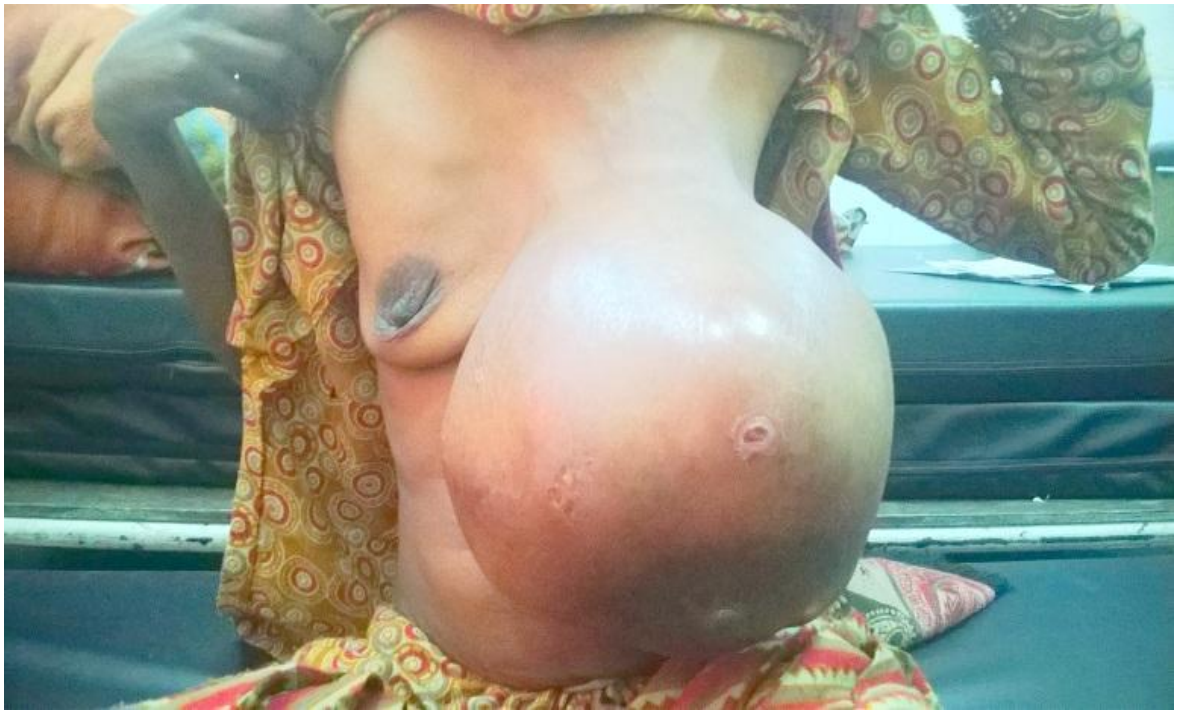
INTRODUCTION

Phyllode tumor was first described by Muller.[1] Cystosarcoma phyllodes however, is a misnomer as majority of these tumors are benign. Phyllodes tumor is the currently accepted nomenclature. These are rare fibroepithelial tumors, that constitute <1% of all breast neoplasms.[2] Benign variants of this tumor are virtually indistinguishable from fibroadenoma. Benign phyllodes tumors are firm lobulated masses 2-40 cm in size, with an average size of 5 cm.[3] Tumors >10cm in are termed as giant phyllodes tumor.[4] We report a rare case of a giant phyllodes tumor, which measured 32 cm in diameter and weighed 5 KG.

CASE REPORT:

This 40 years old female presented with a huge lump in the left breast *(Figure I).* She had noticed a thumb sized lump in left breast one year ago but had ignored it. The lump was slow growing but for the last two months it grew with great rapidity to replace the entire breast tissue by a huge irregular mass. There was no discharge per nipple, fever, loss of appetite or weight. There was no history of any other swelling in body. Past and family

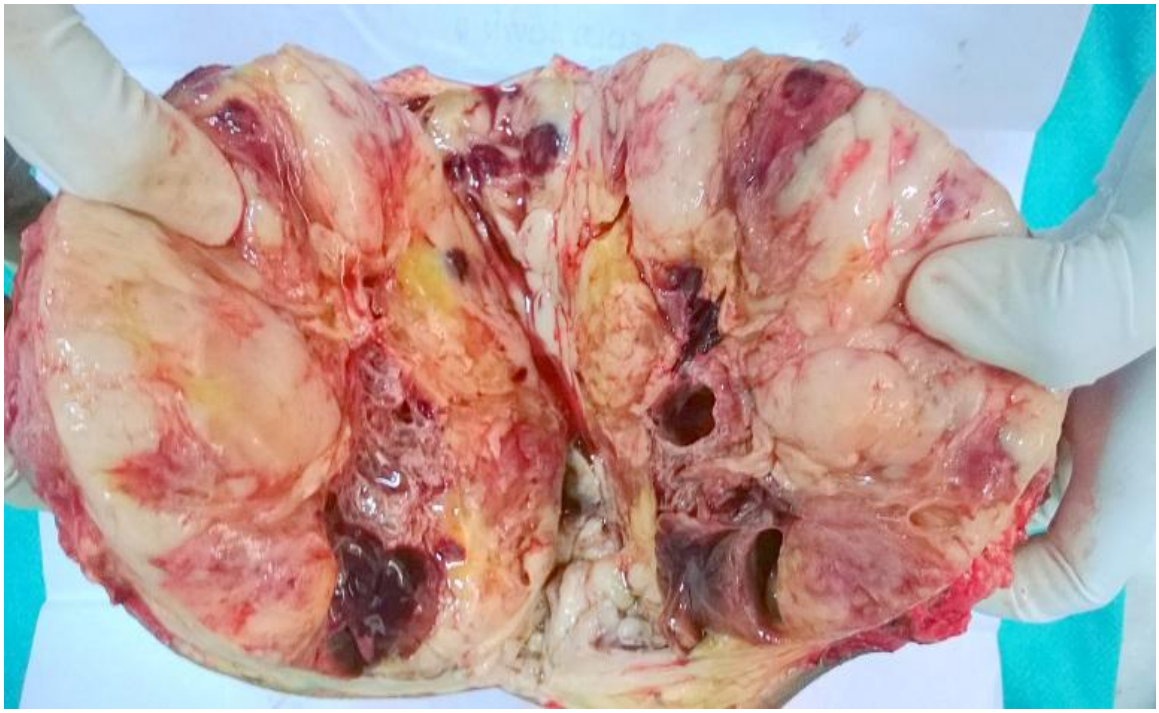
histories were not contributory.



Upon examination, left breast was massively enlarged, having variable consistency and irregular surface. It was 32cm in diameter. Overlying skin was stretched and shiny with superficial excoriations at places. No lymph nodes were palpable in the left axilla. Contra lateral breast and axilla were normal.

Diagnostic work up including routine, imaging and cytological examination was carried out. Chest X Ray and ultrasound abdomen revealed no abnormality. Ultrasonography of left breast showed a well-defined hyper to isoechoic giant mass. It was predominantly solid, with few coarse calcifications and areas of cystic degeneration scattered in between. Left axilla was normal. FNAC revealed the sheets of neutrophils in a hemorrhagic background. Due to the large size and non compressible nature of the lump, mammography was deemed impossible.

A provisional diagnosis of phyllodes tumor was made. The patient underwent simple mastectomy after pre anesthetic checkup and informed consent. Histopathology showed a large grey mass measuring 32cm x 27cm x 25cm and weighing 5 KG. The cut surface was grey white with multiple hollow cavities and few necrotic areas *(Figure II)*. Microscopically epithelial lined cystic spaces were noticed, into which the hypercellular stroma was projected. The features were compatible with benign phyllodes tumor. The patient made an uneventful recovery and was doing well until her last follow up visit.



DISCUSSION:

Phyllodes tumors are rare fibroepithelial tumors commonly affecting the females in 3rd and 4th decade of life. They present as a mobile painless lump showing rapid growth. Size of tumor ranges between 2 to 40 cm.[3] In developing countries these tumors go fairly unnoticed, mostly due to lack of awareness in general masses. Patients seek medical care only after exhausting all other options, leading to a delay in diagnosis and presentation at an advanced stage of disease.

Histologically, these tumors are similar to fibroadenomas but the whorled stroma forms larger clefts lined by epithelium that resembles cluster of leaf like structures. This is the basis of term Phyllodes (*leaf like).* The stroma is more cellular than that of a fibroadenoma, but the fibroblastic cells are bland and mitoses are infrequent.

In 2003, WHO classified phyllodes tumors into three categories (Benign, Borderline and Malignant) on the basis of mitotic activity, cellular atypia, tumor margins and presence of stromal growth.[5] The benign variants do not metastasize, however, they show a tendency to grow aggressively and can recur locally. Malignant variants metastasize haematogenously. Lung is most favored site of distant metastasis, followed by long bones, heart and liver.[6]

Mammography, ultrasonography and FNAC do not yield definitive results. Core needle biopsy or incisional biopsy is the mainstay investigation. MRI has been suggested as a useful modality.[7]

Surgery is the treatment of choice for the phyllodes tumor. The opinions vary between wide excision and total mastectomy. Previous studies have recommend local excision with a free margin of 1 cm, if the tumor size is <5cm, while for the tumors >5cm in size, simple mastectomy is advisable.[8] Modified radical mastectomy is indicated if the lymph node status and FNAC report are suspicious.[4]

However, for the tumors of the size comparable to this patient, we recommend a total mastectomy to ensure a complete removal of tumor and an immediate or delayed reconstruction of breast to provide psychological benefit to the patient.

CONCLUSION:

Giant Phyllodes tumors are rare. Surgical management of giant Phyllodes tumor consists of simple mastectomy or modified radical mastectomy, depending upon the clinical findings and the pathology report. We believe that no additional treatment modality is necessary for definitive cure of giant Phyllodes tumors.

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