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Phyllodes Tumor of the Breast: A Case Report

S Tossi*, S Addi, H Armel, SHatim, Gotni, Boufettal, Mehdaoui and Samouh

Faculty of Medicine and Pharmacy of Casablanca, Morocco

***Corresponding author:**

S Tossi,

Faculty of Medicine and Pharmacy of Casablanca, Morocco

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1. Abstract

Phyllodes tumours of the breast represent a distinct entity in breast pathology. They are rare fibroepithelial tumours characterized by their leaf-like structure, biphasic nature marked by high cellularity of the stromal component, rapid growth, and a tendency for local recurrence or metastasis.We report here the case of a 64-year-old female patient presenting with a mass occupying the entire left breast, accompanied by bleeding and ulceration of the nipple-areola complex, along with inflammatory signs. Surgical management was indicated.

2. Introduction

Phyllodes tumours of the breast are rare fibroepithelial tumours known for their rapid growth, aggressive behaviour, and high potential for local recurrence and/or distant metastasis.They typically occur in middle-aged women (between 45 and 50 years). Surgery remains the treatment of choice, with an emphasis on obtaining clear margins. Adjuvant radiotherapy should be considered in cases of conservative treatment or when predictive factors for local recurrence are present [1-3].

3. Case Report

We present the case of a 64-year-old female patient with a history of a left breast lumpectomy 30 years prior (without available documentation) and a maternal history of breast cancer. She was nulligravid and nulliparous, with menarche at age 13. She consulted for an ulcerative, exophytic mass of the left breast. Clinical examination revealed a large mass involving the entire left breast with ulceration and bleeding, and complete destruction of the nipple-areola complex. The right breast appeared normal, and no lymphadenopathy was noted (Figure 1).Mammography showed two nodules with calcifications: one in the upper outer quadrant measuring 12×13 mm, and another in the lower inner quadrant measuring 15×21 mm. The left breast was not assessed due to the extent of the lesion.Ultrasound showed a large mass involving almost the entire left breast with multiple necrotic areas exceeding the limits of the probe, in contact with the pectoral muscle; invasion could not be evaluated. Some axillary lymph nodes were noted, the largest measuring 15 mm. Two nodules were seen in the right breast (12×13 mm and 15×21 mm), suggestive of fibroadenomas. The imaging was classified ACR 5 on the left and ACR 1 on the right (Figure 2).Biopsy of the mass revealed an ulcerated, inflammatory, fleshy tissue without evidence of malignancy.A left mastectomy for palliative reasons was performed, along with excision of the two fibroadenomas on the right breast (Figure 3).

Histopathological examination confirmed:

•Left breast: High-grade malignant phyllodes tumour with necrosis, measuring 23 cm in its largest dimension. Surgical margins were free of tumour.

•Right breast: Morphological features consistent with fibroadenomas without malignancy.

Figure 1: Image of the patient's breasts.

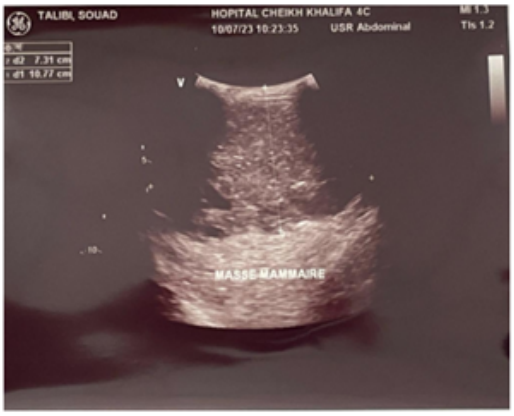

Figure 2:Us Breasts.

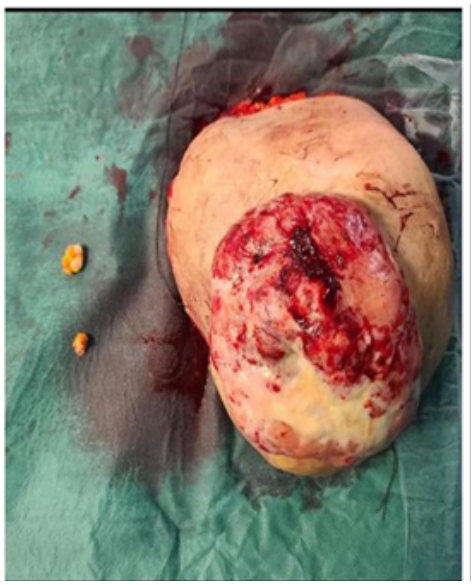

Figure 3: Surgical Specimen.

4. Discussion

Data from the Cancer Surveillance Program of Los Angeles County indicate an annual incidence of malignant phyllodes tumours of 2.1 per million women, with a higher incidence in White Latin American and East Asian populations [11].Phyllodes tumours occur almost exclusively in women; the rare cases reported in men were associated with gynecomastia or prostate disease [12]. Several features in this case are highly unusual for a typical benign phyllodes tumour. Generally, patients present with a firm, well-circumscribed, round, painless mass [4].Here, the patient presented with a bleeding, ulcerated, and infected mass.First described by Müller in 1838 [8], phyllodes tumours are rare, representing about 1% of all breast tumours[5] and 2–3% of fibroepithelial tumours. They occur later in life than fibroadenomas, with a median age of 45. Rapid growth is a characteristic feature [6].

The first-line imaging workup includes mammography and ultrasound.On mammography, phyllodes tumours appear as homogeneous, rounded, or multilobulated masses, often resembling fibroadenomas. Margins should be carefully assessed. On ultrasound, they typically present as large, oval-shaped masses with a horizontal long axis, parallel to the skin surface. Sometimes, rapid growth is the only clue suggesting the diagnosis. MRI may reveal internal cystic areas [10].Phyllodes tumours are fibroepithelial neoplasms comprising both an epithelial component and a hypercellular stroma.According to the World Health Organization (WHO), phyllodes tumours are classified as benign, borderline, or malignant based on five histological criteria: stromal cellularity, stromal atypia, mitotic activity, stromal overgrowth, and tumour margins. The malignant form can metastasize, primarily via the hematogenous route.The standard treatment is wide local excision; however, mastectomy may be preferred in cases of large masses or malignancy. Radiotherapy may be useful in selected cases [9].In our case, a mastectomy was performed due to the extent and ulcerative nature of the lesion occupying the entire breast.The prognosis is generally good unless distant metastases (usually pulmonary) are present.

5. Conclusion

Phyllodes tumours are a distinct subtype of breast cancer for which the optimal therapy remains difficult to determine for each patient. Diagnosis is primarily histological, and treatment is mainly surgical. Adjuvant radiotherapy plays a significant role in reducing local recurrence, though it does not impact overall survival. The role of chemotherapy remains unclear.

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