International Journal of Health Sciences and Research
www.ijhsr.org ISSN: 2249-9571

Case Report

Recurrent Phyllodes Tumor

B. Ananda Rama Rao[1], M. Datta Prasad[2], Sai Kumar[2]

[1]Professor of Surgery, [2]Residents in Surgery,
SVS Medical College Mahabubnagar TS 509002.

Corresponding Author: B. Ananda Rama Rao

Received: 29/11/2016 *Revised: 13/12/2016* *Accepted: 13/12/2016*

ABSTRACT

The cystosarcoma phyllodes tumor of the breast is fibroepithelial tumor. It accounts for 0.3% to 0.5% of all breast neoplasms. Phyllodes tumors are more common in 3rd and 4th decade. The incidence of phyllodes tumor is 2.1 per million. Here we report a case of 43year old female presented with bloody nipple discharge and ulceroprolliferative growth of 6 months. She had history of similar swellings in the breast 5years back. Histopathology of the specimen revealed fibro adenoma. Then for the second time again swelling developed in her right breast; excision biopsy of the swelling was reported as benign phyllodes tumor. And now she again reported to have ulceroprolliferative growth and nipple discharge and on investigation suspected recurrent phyllodes tumor. Simple mastectomy was done and now interestingly histopathology revealed fibroadenosis with sclerosing adenosis and duct ectasia.

Key words: Cysto sarcoma Phyllodes tumor Fibroadenoma breast.

INTRODUCTION

The cystosarcoma phyllodes tumor of the breast is fibroepithelial tumor and account for 0.3% to 0.5% of all breast neoplasms. [1] Muller coined the term cystosarcoma phyllodes in 1838. [2] These phyllodes tumors are having great potential for recurrence. Phyllodes tumors are more common in 3rd and 4th decade. [3] WHO classified these phyllodes tumor depending upon their malignant potential into benign, borderline and malignant types. [4] Phyllodes tumors are difficult to differentiate from fibroadenomas clinically but they are differentiated by histopathology. When compared to fibroadenomas, the phyllodes tumors have more frequent local recurrence and more malignant potential. Phyllodes tumor local recurrence rate is up to 50% after surgery. [5] Surgery is the treatment of choice for phyllodes tumor, and simple mastectomy is most commonly performed procedure. [3] Here we report a case of recurrent phyllodes tumor in a 43 year old female even after second surgical procedure.

CASE REPORT

A 43 year old female patient came to the surgical out patient with the complaint of bloody nipple discharge from the right nipple from 6months. And an ulcer proliferative growth at the tip of the right nipple from 4 months (figure-1). Patient noticed nipple discharge on and off 3 to 6 times a week from 6 months, and it is associated with pain and breast engorgement during her menstruation. It is not associated with pain and itching during her rest of the menstrual cycle. She had history of swelling in upper outer quadrant of right breast which was Fig-1 excised 5 years back. Histopathology report of the biopsy given as fibro adenoma with cystic changes (figure-5), Then she noticed a

swelling in the same area after 2 years of the first surgery. Excision biopsy of the recurrent swelling was done and histopathology revealed benign Figs-5&6 phyllodes tumor with cystic changes (figure-6). And she again came to the surgery department with recurrent ulceroproliferative growth in the operated breast. On examination of the right breast showed an angry looking ulceroproliferative growth in the right nipple is noted. There is no distortion of size and shape of the nipple. And a horizontal scar extending from areola to the anterior border of axilla noted (figure-1). The growth was mobile in both the directions and non tender, hard in consistency; it is extending and including the scar from anterior axillary line to the lateral border of the sternum. On investigation with ultrasound breast recurrent phyllodes tumor was suspected (figure-2). Simple mastectomy was done. (Figures-3, 4) On biopsy histopathology reported as Fig-2 fibroadenosis of the breast with duct ectasia of the nipple and sclerosing adenosis (figures-7, 8).

Figure no:1

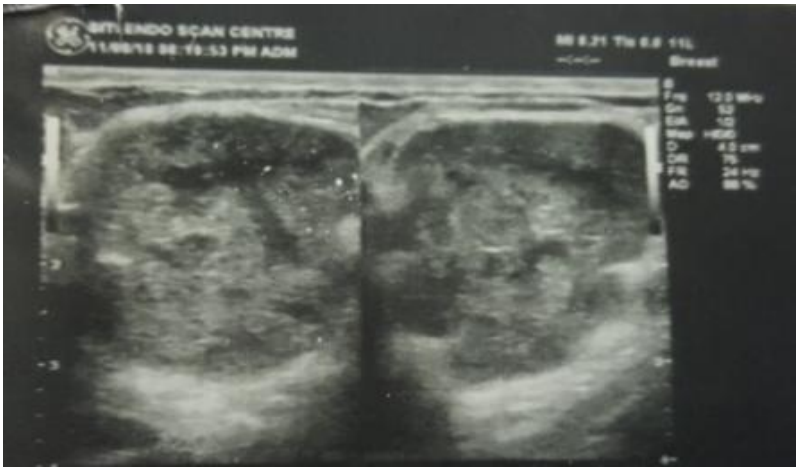
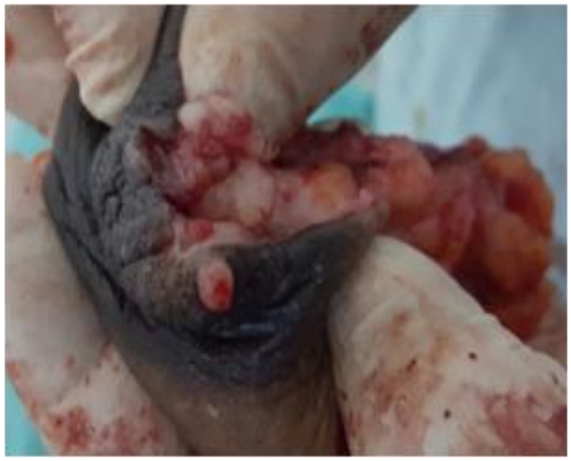


Figure no:2



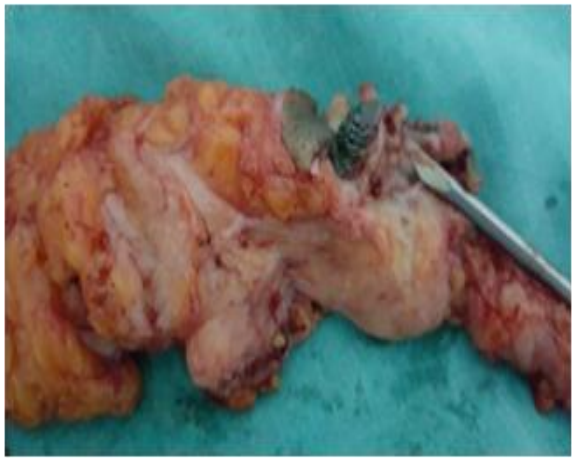
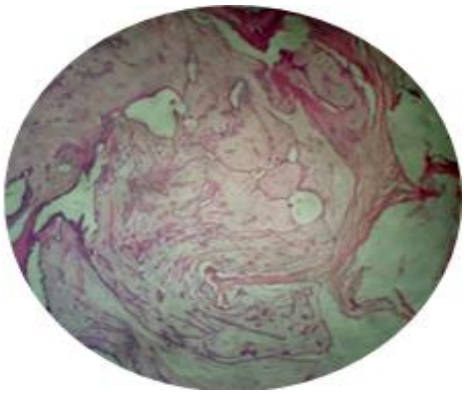


Figure no:3&4



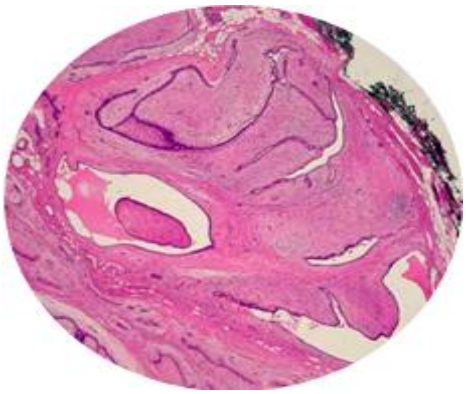


Figure no:5&6

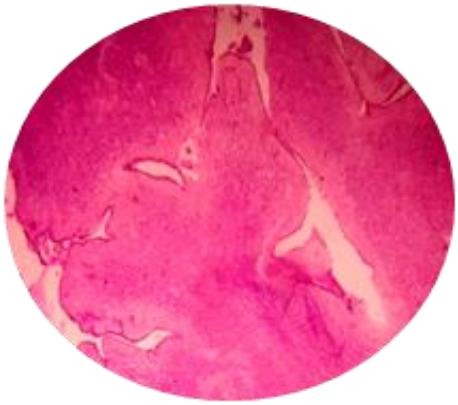
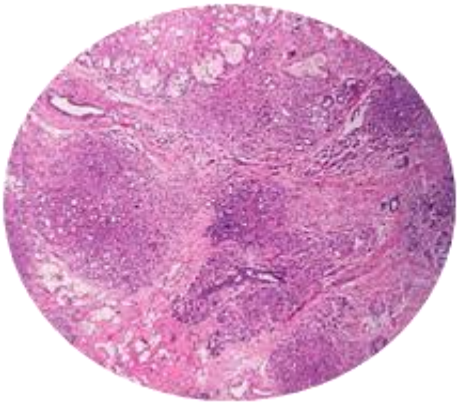


Fig-7 Ductectasia



Fi-8 Sclerosing adenosis

DISCUSSION

Phyllodes tumors of the breast are fibroepithelial neoplasms of the breast having potential for recurrence and metastasis. [3] The incidence of phyllodes tumor is 2.1 per million. [6] the most common age group for phyllodes tumor is in between 35 to 45 years. [7] WHO classified these phyllodes tumors depending upon their malignant potential into, benign, borderline and malignant types. [4] Phyllodes tumors are difficult to differentiate from fibroadenomas clinically but they are differentiated by histopathology. When compared to fibroadenomas the phyllodes tumors have more frequent local recurrence and more malignant potential. Phyllodes tumor local recurrence is seen up to 50% after surgery. [5] In this case the tumor recurrence is noted even after two surgical excisions and now it presented as ulceroprolliferative growth associated with nipple discharge. The tumor in this case involved more than 3 quadrants of the breast, hence simple mastectomy. Chen et.al considered the risk factors for local recurrence as: age, type of surgery, increased mitotic activity and excessive stromal activity. [8] Asoglu considered the risk factors for local recurrence are the size of the tumor, negative surgical margin smaller than 1cm. [9] In this case the age and negative margins for the tumor excision are major risk factor for local recurrence. As there is no axillary lymphadenopathy in this case no axillary dissection was performed. Metastasis to lymph nodes is noted in less than 5% of the cases so routinely no axillary dissection performed. [10] Other treatment modalities are radiotherapy and chemotherapy considered to reduce the local recurrence but not improve survival rate. [11]

REFERRENCES

1. Haberer S, Laé M, Seegers V, Salmon R, Kirova, YM, et al. Prise en charge des tumeurs phyllodes malignes du sein: l'expérience de l'institut Curie. Cancer Radiother, 2009; 13(4):305-312.

2. Muller J. Uber den feineran Bau und die Forman der krankhaften Geschwilste. G Reimer 1838.
3. Ahmad Z, Koshariya M, Shukla S, Vatti V, Diwan A. A rare case of recurrent malignant phyllodes tumor of the breast in a young nulliparous woman. Clin Cancer Investig J 2014;3:173-5
4. World Health Organization. 2nd ed. Histologic typing of breast tumors, 2. Geneva, Switzerland: World Health Organization; 1981.p. 22
5. Hunt KK, Newman LA, Copeland III EM, Bland KI. The Breast. In: Schwartz's Principles of Surgery, Ninth ed USA: McGraw-Hill, 2010: 423-474.
6. Bernstein L, Deapen D, Ross RK. The descriptive epidemiology of malignant cystosarcoma phyllodes tumors of the breast. Cancer 1993; 71:3020-4.
7. Sabban F, Collinet P, Lucot J-P, Boman F, Leroy J-L, Vinatier D ; Tumeurs phyllodes du sein. À propos de 8 patientes. J Gynecol Obstet Biol Reprod, 2005; 34:252-256.
8. Chen WH, Cheng SP, Tzen CY, Yang TL, Jeng KS, Liu CL, Liu TP. Surgical treatment of phyllodes tumors of the breast: retrospecti ve review of 172 cases. J Surg Oncol 2005; 91:185-194. (PMID:16118768)
9. Asoglu O, Ugurlu MM, Blanchard K, Blanchard K, Grant CS, Reynolds C, Cha SS, Donohue JH. Risk factors for recurrence and death after primary surgical treatment of malignant phyllodes tumors. Ann Surg Oncol 2004;11:1011-1017.(PMID: 15525 831)
10. Mangi A, Smith B, Gadd M, Tanabe K, Ott M, Souba W ; Surgical management of phyllodes tumors. Archives of Surgery, 1999; 134:487-491.
11. Khosravi-Shahi, Parham; Management of non metastatic phyllodes tumors of the breast: review of the literature. Surgical oncology, 2011; 20(4): e143-e148.

How to cite this article: Rao BAR, Prasad MD, Kumar S. Recurrent phyllodes tumor. Int J Health Sci Res. 2017; 7(1):317-320.

****