



Phyllodes Tumor In A Women : A Case Report

**1M.Harrad, 2K.Benhadougua - F.Bouyalik- C.Ettaous, 3Y.Benchrfi, 4M.Benhessou - M.ennachit,
5M.Elkerroumi**

1resident in Department of gynecology and obstetrics, University hospital center Ibn Rochd, Casablanca,
2residents in the gynecology and obstetrics departement , University hospital center Ibn Rochd, Casablanca,
3assistant professor in the gynecology and obstetrics departement , University hospital center Ibn Rochd,
Casablanca, 4professors in the gynecology and obstetrics departement , University hospital center Ibn
Rochd, Casablanca, 5head chef professor in the gynecology and obstetrics departement , University hospital
center Ibn Rochd, Casablanca

1Faculty of Medecine and Pharmacy, Hassan II University, Casablanca, Morocco,

2Faculty of Medecine and Pharmacy, Hassan II University, Casablanca, Morocco

introduction:

Phyllodes tumors of the breast are rare fibroepithelial tumors with a rapid, aggressive course and a high potential for local relapse and/or metastasis (1).

They occur mainly in middle-aged patients (45-50 years). To this day, surgery is the treatment of choice, and healthy margins are essential. Adjuvant radiotherapy should be discussed in the case of conservative treatment, or in the presence of factors predictive of local relapse. (2-3)

Case report:

This is a 54-year-old female patient, with no particular pathological history, menarche at age 13, II gesture II pare with a notion of exclusive breastfeeding, presenting with an ulcerating-bourgeoning mass of the left breast. Clinical examination: 7x6cm ulcerating-bourging mass covering the entire left breast, bleeding on contact; contralateral breast was unremarkable; lymph nodes were free (figure 1).

On mammary MRI: large breast mass centred on the junction of the external quadrants, well defined with polylobed contours, measuring 111x118mm on axial section and extending to a height of 125mm, 28mm from the pectoral muscle with infiltration of the peri-lesional fat and 6.5mm thickening of the adjacent skin covering; axillary adenomegaly measuring 10.5mm with a short axis

and fat center. The examination was classified as ACR5 on the left and ACR1 on the right (figure 2).

Biopsy of the mass: microscopic appearance suggestive of an adenofibromatous formation with no signs of malignancy.

A clean mastectomy with extemporaneous examination was performed (figure 3): Aspect in favour of a phyllodes tumour; with histopathological examination: Aspect compatible with a borderline breast phyllodes tumour (of intermediate grade), ulcerating the skin covering, the resection limits on the specimen are healthy.

Discussion:

Many features of this case are highly unusual for a typical benign phyllodes tumor. Classically, patients present with a firm, well-limited, round, painless mass (4),

Here, the patient presented with an ulcerated, bleeding and infected mass.

Discovered in 1838 by Müller (8), phyllodes tumors of the breast are rare. They represent 0.3 to 0.5% of all breast tumours (5) , occur at a later age than fibroadenomas: median age 45 years, i.e. 20 years older than fibroadenomas, which remain the main differential diagnosis, and are characterized by a rapid increase in volume (6) ; with an average size varying between 4 and 7 cm (7).

Ultrasound and mammography are the first-line paraclinical examinations required.

On mammography, the contours are usually lobulated with an irregular shape and a size greater than 3 cm, with ultrasound translation:

size > 3 cm - irregular shape - lobulated contours - heterogeneous - hypervascularized - internal cystic areas . Mammary MRI often reveals internal cystic areas (10).

They represent fibroepithelial neoplasia consisting of both an epithelial contingent and a hypercellular stroma.

Manuscript without author details Click here to view linked References

According to the World Health Organization (WHO), phyllodes tumors are classified as benign, borderline and malignant by assessing five histological parameters: stromal cellularity, stromal atypia, mitoses, stromal proliferation and tumor margins. Malignant tumors have the potential for distant metastasis, mainly via the blood-borne route.

The usual treatment for a phyllodes tumor is wide excision, but mastectomy may be more appropriate if the mass is large or the histology is suggestive of cancer. Radiotherapy may be effective in certain cases. (9)

In our case, the patient underwent mastectomy in view of the extent and ulcerated clinical appearance of the entire breast.

The prognosis is good, unless metastases (usually pulmonary) are present.

Conclusion:

Phyllodes tumors represent a breast cancer entity for which the best therapy for each patient remains difficult to determine. Surgical treatment with negative margins of at least 1 cm, or mastectomy without axillary lymphadenectomy, is the treatment of choice for most patients. Although no difference in survival has been proven (11).



Figure 1: image of the patient's breasts



Figure 2: Breast MRI



Figure 3: Surgical specimen

Guarantor of Submission

The corresponding author is the guarantor of submission.

Source of Support

None.

Consent Statement

Written informed consent was obtained from the patient for publication of this article.

Conflict of Interest

Authors declare no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

Références:

- 1-Barrio AV, Clark BD, Goldberg JI, Hoque LW, Bernik SF, Flynn LW, et al. Clinicopathologic features and long-term outcomes of 293 phyllodes tumors of the breast. Page 5 of 6 Accepted Manuscript Ann Surg Oncol. 2007 Oct;14(10):2961–70
- 2- Reinfuss M, Mitus J, Duda K, Stelmach A, Rys J, Smolak K. The treatment and prognosis of patients with phyllodes tumor of the breast: an analysis of 170 cases. Cancer 1996;77:910–6.
- 3- Bernstein L, Deapen D, Ross RK. The descriptive epidemiology of malignant cystosarcoma phyllodes tumors of the breast. Cancer 1993;71:3020–30
- 4- Reinfuss M, Mitus J, Duda K, Stelmach A, Rys J, Smolak K. The treat J, Duda K, Stelmach A, Rys J, Smolak K. The treatment and J, Smolak K. The treatment and ment and prognosis of patients with phyllodes tumor of the breast: an analysis of 170 cases. Cancer. 1996 Mar 1;77(5):910–6
- 5- Mishra SP, et Al. ISRN Surg. Retracted: Phyllodes Tumor of Breast: A Review Article, 2013
- 6- Parker SJ, et Al. *Postgraduate Medical Journal*, Volume 77, Issue 909, July 2001
- 7- Strode M, et Al. The Breast. Update on the diagnosis and management of malignant phyllodes tumors of the breast , 2017
- 8- 4. Muller J. Berlin, Germany: G Reimer; 1838. About the ban and the finer forms of tumors krankhaften.
- 9- Rosenberger LH, Thomas SM, Nimbkar SN, et al: Contemporary multi-institutional cohort of 550 cases of phyllodes tumors (2007-2017) demonstrates a need for more individualized margin guidelines. *J Clin Oncol* 2021 39 (3):178–189. doi: 10.1200/JCO.20.02647
- 10- Duman L, et Al. Breast Care (Basel). Differentiation between Phyllodes Tumors and Fibroadenomas Based on Mammographic Sonographic and MRI Features , 2016
- 11- Matthew Strode , Thaer Khoury , Christopher Mangieri , Kazuaki Takabe MD, PhD, FACS, Update on the diagnosis and management of malignant phyllodes tumors of the breast