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Case Series

A Case of Multiple Recurrence of Phyllodes Tumor

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Abstract

Introduction: Phyllodes tumours are rare fibroepithelial lesions that account for less than 1% of all Breast neoplasms. Triple assessment is done for diagnosing the disease. Local recurrence occurs in approximately 15% of patients and is more common after incomplete excision.

Aim: We intended to study the case of local recurrence of phyllodes tumor.

Clinical case: A 64-year-old woman came with complaint of lump in right breast since 2 months. History of previous 2 surgery of right breast was done. Histopathology report was suggestive of phyllodes tumor.

Management: Simple mastectomy was done and patient was followed up after 3 and 6 months.

Conclusion: Treatment of phyllodes tumor can be by either wide excision or mastectomy provided histologically clear specimen margins are ensured. Nodal metastases are rare and routine axillary dissection is not recommended.

Keywords: Phyllodes Tumor; Cystosarcoma Phyllodes; Management Of Phyllodes Tumor

Introduction

Mammary glands have physical as well as psychological importance in human females [1]. Benign breast diseases constitute the major workload in breast clinics [2]. Phyllodes tumor of the breast are rare neoplasms with an incidence <1% of all primary breast tumors [3].

Phyllodes tumor were initially described by Muller in 1838 as Cystosarcoma phyllodes. Phyllodes derive from the Latin Phyllodium which means 'leaf-like' based on a gross pathological description of a leafy, bulky, cystic, and fleshy tumor of the breast [4]. In 1982, the World Health Organization declared the term "phyllodes tumor" as the most appropriate among more than 60 synonyms [5]. After Trevor, Norris and Azzopardi the World Health Organization sub-classified them histologically as benign, borderline, or malignant [6-8].

Benign phyllodes tumors are more frequent having an incidence of 35-64% while malignant tumors comprise about 25% of cases [3,9,10]. The median age of occurrence of disease is 40-50 years [3,10,11]. Histologically, they are fibroepithelial tumors, likely originated from the terminal ducto-lobular unit and considered as stroma derived [8].

Complete surgical resection offers high rates of local control and disease-free survival [3]. Local recurrence is reported to be approximately 8% for benign Phyllodes tumor and 21% for borderline cases [7]. Mastectomy has recently been replaced by conservative surgery with adequate negative surgical margins [10,11,13-16]. The potential role of adjuvant radiotherapy is still debated as only a minor fraction of patients have received this treatment and also there is an absence of large prospective trials [3,14,17-19].

Clinical Case

A 64-year-old woman presented with a lump in the left breast since 8 months, associated with pain since last 2 months. She reported her 2 previous left breast surgeries, first 4 year ago and another one and half year ago, lumpectomy was done and histopathological examination was suggestive of benign phyllodes tumor. Patient had no family history of breast cancer. No history of usage of oral contraceptive pills. No history of any radiation to breast.

Physical examination revealed a mass in her left breast of 11 × 8 × 6 cm. in the upper outer quadrant extending beyond the nipple areolar complex. Engorged veins were visible over the lump. No dimpling or nipple retraction was observed. No evidence of peau d orange appearance of the breast. The lump was not adherent to the overlying skin or underlying muscles.

Scar mark was apparent on the left breast in upper outer quadrant lateral to nipple areolar complex of approximately 4 cm and another of 1.5 cm in upper inner quadrant of left breast. Lymph nodes in the axillary and other superficial areas were not palpable.

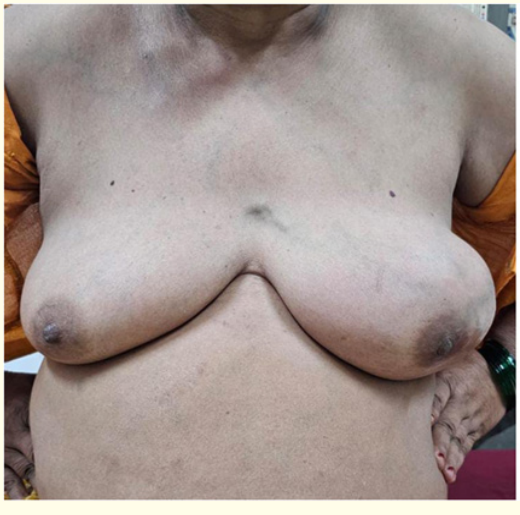

Figure a.

Ultrasound examination revealed mass lesion in left breast of 11 × 8 × 6 cm suggestive of BIRADS IV with no axillary lymph node involvement. Tru-cut biopsy was taken from the lump suggestive of benign phyllodes tumor.

A simple mastectomy was performed because of large size of tumor and recurrence of the disease.

Post op patient recovered well. Sutures were removed on 14th post operative day and patient was sent for radiation therapy.

Histopathological examination revealed borderline phyllodes tumor of left breast.

Patient was clinically assessed post operatively after 3 and 6

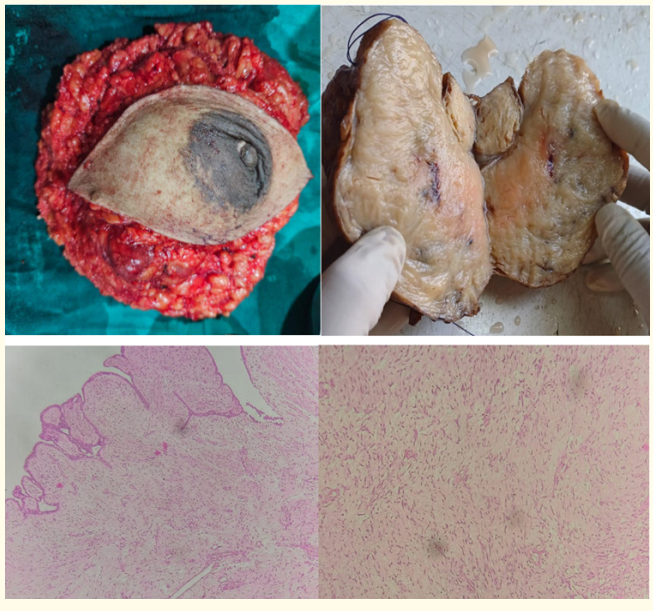

Figure b

months. No evidence of recurrence noted in right breast.

Result

Phyllodes tumors are rather rare neoplasms of the breast accounting for only 0.3% to 1% of all breast tumors, with an annual incidence of about 2 per million women [20,21]. The above study shows that phyllodes tumor has a very high recurrence rate. Local recurrence is commonly seen. The risk of local recurrence is irrespective of histology. The above study suggests that complete surgical resection is the standard treatment for localized breast phyllodes tumor.

Discussion

Phyllodes tumor comprises less than 1% of all breast tumors. The incidence rate of phyllodes tumor is 1 in 100,000 [22] with an overall risk of malignancy of 2.1 per 1 million women [23]. The average age of onset is 41-44 Years [22,24,-27]. and the risk of this tumor peaks between 45 and 49 years of age [23].

Interesting point is our patient's previous history of 2 excised benign phyllodes tumor in the same breast, which is indicating the transformation possibility from benign phyllodes tumor to malignant phyllodes tumor. Local recurrence occurs in approximately 15% of patients and is more common after incomplete excision [7]. It can usually be controlled by further surgery. Repeated local recurrence has been reported without the development of distant metastases or reduced survival. Approximately 20% of patients with malignant phyllodes tumours develop distant metastases [7]. Long term survival with dstant metastases is rare. The role of chemo therapy, radiotherapy, and hormonal manipulation in both the adjuvant and palliative settings remain to be defined.

Conclusion

Phyllodes tumors are uncommon biphasic fibroepithelial neoplasms of the breast of varying malignant potential occurring in middle aged women. Triple assessment by clinical, radiological, and histological examination are the initial assessment to evaluate phyllodes tumor. It is difficult to differentiate Phyllodes tumor from other breast tumors before surgical excision. It has unpredictable behavior regardless of its histological grade. Local recurrences and distal metastasis rarely occur in benign phyllodes tumor, while common in borderline and malignant phyllodes tumor. Surgery with clear resection margins remains the mainstay treatment for Phyllodes tumor of the breast. No convincing data are available to suggest any adjuvant treatment. For the rare poor prognosis tumors in the near future molecular characterization may well provide new clues to permit identification of more active treatments.

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