

CASE REPORT

A GIANT PHYLLODES TUMOR

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ABSTRACT: This is a case reporting the largest phyllodes tumor of breast in north east India. A 32 years old female presented with a large lump in right breast since last 1 year. This was the recurrence of lump in last 2 years. Biopsy from the lump proved to be cystosarcoma phyllodes. Simple Mastectomy was done as a curative procedure. The tumor measured exactly to be 35×22.5×24.5 cm in size and 5 kg in weight. Histopathological diagnosis of the tumor was borderline phyllodes tumor. Patient had an uneventful postoperative course and is presently on monthly follow up.

KEYWORDS: Phyllodes, Giant, Sarcoma.

INTRODUCTION: The phyllodes tumor was originally described by Johannes Muller in 1838. Classically, the name cystosarcoma Phyllodes was assigned because of the tumor's fleshy appearance and tendency to contain macroscopic cysts. The term, however, is a misnomer as these tumors are usually benign. Phyllodes tumor is the currently accepted nomenclature according to the World Health Organization (WHO).¹

Phyllodes tumors are biphasic fibroepithelial neoplasms of breast¹ which are generally classified as benign, borderline and malignant.² Borderline tumors have great potential for local recurrence. They make up 0.3 to 0.5% of female breast tumors.³

Phyllodes tumors are sharply demarcated from surrounding tissue which is compressed and distorted. Connective tissue makes the bulk of tumors which have mixed solid and cystic areas. Most malignant phyllodes tumors are liposarcomas/rhabdomyosarcomas. Evaluation of number of mitosis helps in diagnosis of malignant tumor.² Mitotic number of more than 10/HPF is usually considered as malignant. The arbitrary cut off point for designation as a giant phyllodes tumor is 10 cm.⁴

Usually wide local excision of the tumor with 1 cm¹ breast margin may suffice as the treatment but larger malignant variety may require simple mastectomy as treatment pertaining to that individual case and number of recurrences. Radiotherapy may have a role in the treatment of phyllodes tumor depending of the number of recurrences, mitotic index, bulky tumor, status of the resection margins p53 and Ki67 expression.⁵

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On clinical examination right breast was hugely enlarged to 35× 22 × 25 cm with altered contour and enlarged nipple areola complex. Skin was shining, smooth with bosselated surface. Biopsy from the lump proved to be cystosarcoma phyllodes.

As it was the recurrence simple Mastectomy with primary closure was planned for the patient as curative procedure. Intra operatively Pectoralis Major, Pectoralis Minor, Serratus Anterior were free from the tumor, also the axillary lymph nodes were not enlarged. Hence simple Mastectomy was done.

RESULT: The tumor specimen measured exactly to be 35 × 21.5 × 24.5 in size and weight of 5 kg. Microscopically the lesion was borderline phyllodes tumor with 1-2 mitotic activity per ten high

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power fields. Areas of hemorrhage and myxoid degeneration were present without any lymphovascular invasion.

Patient had an uneventful post-operative course and is presently on monthly follow up.

CONCLUSION: To our knowledge, this patient presented one of the biggest phyllodes tumors of breast in all cases reported in north east India.

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Fig. 1: (view in sitting position)



Fig. 1: (view in supine position)

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