MALIGNANT PHYLLODES TUMOUR OF BREAST IN A YOUNG ADULT FEMALE: A RARE OCCURRENCE

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ABSTRACT: Phyllodes tumour is uncommon, generally benign with few cases of malignant transformation. Biopsy of the lesion confirms the diagnosis whereas other imaging and haematological investigations are not of much value. Surgery is the treatment of choice with tendency of local recurrence in cases of malignant phyllodes even after adequate treatment. Chemotherapy, radio therapy and hormonal therapy have got limited role. We report one such case of malignant phyllodes in a young lactating female who was treated successfully by surgery.

Keywords: Phyllodes Tumour, Cystosarcoma Phylloides, Malignant.

INTRODUCTION
Phyllodes tumour is a rare fibroepithelial tumor of the breast and accounts for less than 1% of all breast tumors and occur in 5th decade of life1. They are usually benign and develop from fibroadenomas, however a few of them may turn malignant. Histologically they have got both an epithelial as well as metaplastic mesenchymal (stromal) component. Surgery is the choice of treatment with a high success rate7,8.

We present one such case of malignant phyllodes occurring in a young lactating female who developed gross destruction of the breast tissue in a short span and was successfully treated by surgery only.

CASE REPORT
A 23-year-old young lactating female presented with a painless swelling in the left breast for the last 4 months. The swelling increased in size rapidly and involved almost whole of the breast followed by gross ulceration of the overlying skin[Figure1]. Three axillary lymph nodes were palpable and mobile. There was no significant past history and family history. Biopsy of the ulcer showed cellular atypia. Fine-needle aspiration cytology (FNAC) of axillary nodes did not reveal any metastasis. Routine investigations were within normal limits and there was no evidence of distant metastasis on chest radiograph and ultrasonography of abdomen. Left sided mastectomy was done [Figure 2a& b] and the histopathological examination showed the presence of pleomorphic atypical...
spindle cells with hypercellularity, areas of hemorrhage and necrosis and high mitotic index, thus the diagnosis of cystosarcoma phyllodes was confirmed. The postoperative period was uneventful and the patient is doing well in the follow-up period after 1 year.

DISCUSSION
Phyllodes Tumour (PT) is a rare leaf-like, fleshy tumour of breast occurring almost exclusively in females of usually 40-50 years of age. Most of PT appear as large fibroadenomas and are considered to be benign in 85-90% cases but 10-15% of them may have malignant transformation leading to malignant phyllodes tumour, also known as Cystosarcoma Phyllodes (CP) which accounts for less than 1% of all breast malignancies. It is characterised by the tendency to metastasize especially to lungs followed by skeleton, heart, and liver. The etiology of this entity is not known and usually presents as a large, mobile, nontender mass in the breast with tendency of rapid growth. It usually involves the left breast more commonly than the right one and spares the nipple-areola complex and skin. However large tumours may erode the overlying skin and present as large fungating mass as in our case. They may present with metastatic features like dyspnea, fatigue, and bone pain. Biopsy of the lesion is mandatory in making a diagnosis of this entity as cases of CP usually have high cellular atypia and increased stromal cellularity and high mitotic counts. Fine Needle Aspiration Cytology is inadequate in diagnosis of PT and usually does not distinguish between benign and malignant tumours. Similarly no tumor markers or blood tests can specifically diagnose cystosarcoma phyllodes. Imaging techniques like mammography and ultrasonography are also not reliable in differentiating benign and malignant phyllodes.

Surgical intervention is required almost in all the cases of CP and include wide local excision, segmental excision or total mastectomy depending upon the size of the tumour. However radical mastectomy is not warranted even in presence of axillary lymph nodes as they usually donot contain malignant cells. Chemotherapy, radiotherapy and hormonal therapy have no proven benefits in the treatment of phyllodes tumor in regards to its recurrence and metastasis.

The prognosis of benign disease after adequate excision is excellent, however malignant lesions almost always carry the chance of local recurrence.

CONCLUSION
Malignant PT or Cystosarcoma Phyllodes is a very rare malignancy of breast with its tendency to metastasize and can be diagnosed by biopsy of the lesion. Surgery remains the mainstay in the treatment of this rare entity without much role of chemo-radio-hormonal therapy.

LEGENDS

Fig. 1 Preoperative picture showing large left breast mass with overlying skin ulceration
Figure 2a - Anterior and Posterior view of mastectomy following diagnosis of Phyllodes tumour

Figure 2b - Anterior and Posterior view of mastectomy following diagnosis of Phyllodes tumour

REFERENCES


