

Bilateral benign phyllodes tumor of breastKishore Vatsala¹, Singh Neeraj Kumar¹, Kotasthane Dhananjay S²¹Assistant Professor, Department of Pathology, Heritage Institute of Medical Sciences, Varanasi, U.P., India²Professor and HOD, Department of Pathology, Heritage Institute of Medical Sciences, Varanasi, U.P., India

Received: 1-01-2018 / Revised: 20-07-2018 / Accepted: 19-10-2018

ABSTRACT

Phyllodes tumor or cystosarcoma phyllodes are rare type of fibroepithelial breast neoplasms consisting of 1% of all mammary tumors. They are biphasic in nature and have very low incidence of bilateral occurrence. The median age of presentation is 40-50 years. We present a case of 37 years female with phyllodes tumor developing in both the breasts metachronously with a gap of 5 years. Patient underwent wide local excision and histopathological report confirmed benign type of cystosarcoma phyllodes in bilateral breasts.

Keywords: cystosarcomaphyllodes, phyllodes tumor, bilateral breasts.

Introduction

Phyllodes tumors represent 0.3-1% of all the primary breast neoplasms and 2.5% of all the fibroepithelial tumors of breast [1]. It was first described by Chelious in 1827 and the term cystosarcoma phyllodes was coined by Muller in 1838 [2]. The median age of occurrence of this tumor is 40-50 years and the estimated incidence is about 2.1 per million [3]. WHO subclassifies these tumors as Benign, Borderline and Malignant. This is based on the histologic features like stromal hypercellularity, cellular pleomorphism, mitosis (per 10 hpf), tumor margin and stromal pattern [4]. These tumors are locally aggressive in nature and have a high recurrence rate. Complete surgical excision is the definitive treatment for all the subtypes [5, 6]. We report a case of bilateral, metachronous, cystosarcoma phyllodes in a young, healthy female where decision making regarding its surgical management becomes difficult. We believe this is the first such case to be reported in literature from a tertiary hospital in eastern U.P.

Case presentation

A 37 year old female presented with painless lumps in bilateral breasts. The lump in right breast was present since 7 years and the left one was since 2 years. On examination, the general condition of patient was good. On local examination, there was a lobulated mass measuring 6x5 cm in the right upper quadrant of right

breast and a lump of 2x2 cm was noted in the inner quadrant of left breast. Overlying skin of right breast was thin with prominent veins while left breast appeared normal on external examination. Nipple and areola were normal. The lumps were non tender and not fixed to chest wall or skin. There were no palpable axillary lymph nodes. Systemic examination was within normal limits. Blood investigations and chest x-ray was normal. After all the relevant investigations, patient was taken up for surgery and wide local excision was done considering the young age. Histopathological examination revealed benign cystosarcoma phyllodes (Fig 1 and 2) with tumor free resected margins. Post operative period was uneventful and patient was discharged after 5 days. After follow up period of three months, patient was asymptomatic.

Discussion

Phyllodes tumors of breast account for 0.3-0.9% of all breast tumors and 3% of these are bilateral [7]. The bilateral synchronous or metachronous representation of phyllodes tumor in breast is very rare [1]. Most reported cases of bilateral phyllodes tumor have occurred in young women in association with pregnancy and lactation. Lactation has been proposed as a precipitating factor in metamorphosis of bilateral tumor while the role of female hormones remains unclear [8]. To the best of our knowledge, present case is the first to be reported in and around Varanasi region, in eastern U.P. Phyllodes tumors are usually rapidly growing. The size varies from 1cm to 14cm with an average of 7cm. Cystosarcoma phyllodes of the breast are fibroepithelial tumors with recurrence potential. Grading is based on amount of stromal cellularity, cellular pleomorphism, mitotic activity, margin appearance and stromal distribution. Tumors

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with modest stromal hypercellularity, little pleomorphism, 0-4 mitosis/10 hpf, well circumscribed, pushing margins and minimal stromal overdevelopment are classified as benign phyllodes tumor[2] as seen in our case. Both phyllodes tumor and fibroadenomas are a spectrum of fibroepithelial lesions. It is difficult to distinguish them by FNAC and core

needle biopsy. Microscopic examination of phyllodes tumor shows epithelial lined cystic spaces with a hypercellular stromal projection. The stromal elements are a key component for differentiation[9]. Like ipsilateral phyllodes tumor, surgery is the mainstay of treatment of bilateral presentation. Radical surgery doesn't have any survival advantage[10]

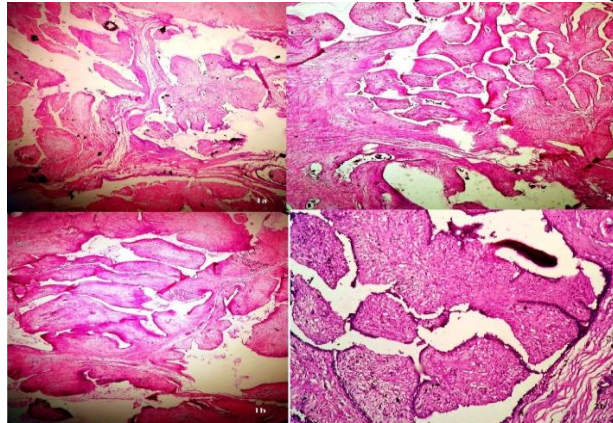


Figure legends-figure 1-a) photomicrograph showing low power and b) high power views of right breast lump and 2a) and 2(b) from left breast lump showing moderate hypercellularity with mild nuclear atypia of spindle cells and myxomatous stromal overgrowth as leaf like projections. The glandular components are normal. {H&E stain}

Conclusion

Bilateral presentation of phyllodes tumor is very rare and the current case is one of the few cases reported in literature. A differential diagnosis phyllodes tumor should be considered in a rapidly growing but clinically benign breast lump in a young woman. It is very important to create awareness among females' especially in low socioeconomic areas to have early consultation for breast lumps and these tumors must be suspected in patients with rapid growing breast nodules, to avoid inappropriate and delayed management.

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Conflict of Interest: None

Source of Support: Nil