RECURRENT MALIGNANT PHYLLODES TUMOUR: A RARE CASE

CASE REPORT
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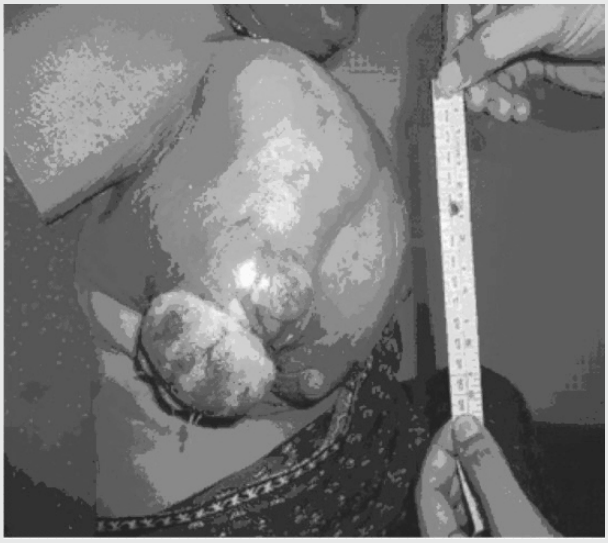
Phyllodes tumour is a rare breast tumour accounting for less than 1% of all breast neoplasms. Phyllodes tumours form a spectrum from benign tumours, similar to fibroadenoma to malignant tumours with a propensity for rapid growth and metastatic spread[1].

A 45-year-old lady presented with a painless ulcerated right breast lump for 1yr (figure-1). She gives history of similar lump in right breast for which she had undergone lumpectomy 1 year back, consecutively twice. She had no significant family history of breast carcinoma or of any other past medical illnesses.

Figure-1. Clinical photograph showing ulcerated mass over right breast measuring 15x10cms.

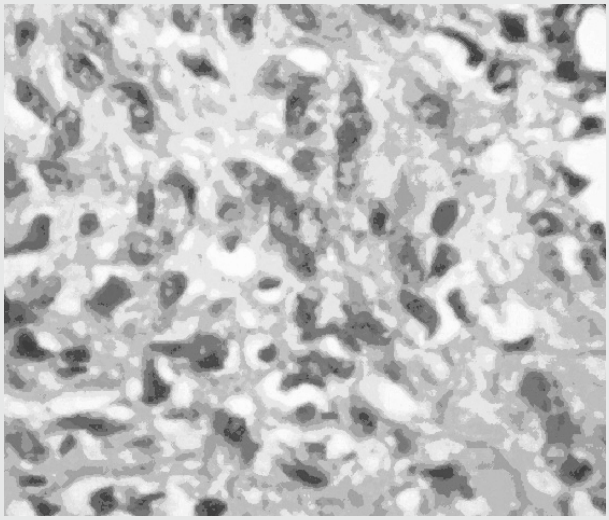


The mass was initially 3x3cm in diameter and firm in consistency which over 1 yr duration increased in size to attain 15x12cm size involving whole of right breast with skin ulceration, nipple not involved, no axillary lymphadenopathy.

Fine-needle aspiration cytology (FNAC) was suggestive of malignant phyllodes tumor of breast. The patient underwent right mastectomy with axillary exploration. Microscopy showed tumour cells arranged in interfasicular pattern, individual tumour cells were large, spindle having hyperchromatic nucleus, prominent nucleoli and moderate amount of eosinophilic cytoplasm. Atypical mitotic figures were 8/10hpf. Large areas of hemorrhage and necrosis were also noted. All the margins were free from tumour.

On Immunohistochemistry the spindle cells were positive for CD 34 and negative for CAM 5.2, ruling out the possibility of metaplastic carcinoma and other spindle cell carcinomas. So based on histopathology and immunohistochemistry a diagnosis of Malignant Phyllodes tumor of breast was given (figure-2).

Figure-2. Photomicrograph showing high grade spindle shaped tumour cells. (H&E stain - 400X)



The postoperative course was uneventful and she was discharged at day 10 postoperatively. Systemic work up for metastasis showed no evidence of metastasis. Patient was advised adjuvant chemotherapy.

Phyllodes tumor, occur in women between 35 and 55yrs, adolescents and elderly are also affected, etiology unknown[2]. Phyllodes tumor are classified in to benign, borderline and malignant.

Malignant phyllodes tumour (MPT) is a very rare but aggressive breast malignancy and forms approximately 25% of all phyllodes tumours.1 MPT appears as round, painless mass, axillary nodes are rarely palpable, primarily spreads by hematogenous route to lung, pleura and bone[3].

Malignant phyllodes tumours are further divided into borderline, low-grade, and high-grade on the basis of the following histological criteria: tumor borders, mitotic activity, stromal atypia, and stromal overgrowth. Only the stromal cells have the potential to metastasise. The malignant character of the phyllodes tumour is therefore confirmed by the microscopic appearance of the stroma[4]. Stromal overgrowth, larger tumor size, and involved margin are all significantly correlated with local recurrences.

Treatment is by surgical excision but local recurrence is a common complication of high-grade lesions with a reported frequency of approximately 26%[5].

To conclude, high-grade malignant phyllodes tumour is a very rare but aggressive breast malignancy. Stromal overgrowth carries a grave prognosis. Either wide local excision with adequate margins or mastectomy with adjuvant chemotherapy is an appropriate treatment.

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