

Large Benign Phyllodes Tumor of the Breast: A Case Report

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Abstract: Phyllodes tumor of the breast is a rare fibroepithelial tumor. It has three histopathological forms; benign, borderline and malign. It is commonly mixed with fibroadenoma in imaging. Local excision is enough in benign lesions. Borderline lesions require close monitoring following a wide local excision. In malign lesions, mastectomy is suggested. In this case report, we present a case with 15 cm benign phyllodes tumor, which was removed with local excision, was performed.

Keywords: Phyllodes tumor, fibroadenoma, mastectomy

INTRODUCTION

Phyllodes tumor was defined first in 1838 by Johannes Müller as cystosarcoma phyllodes. This definition was changed by the World Health Organization and it is now called as phyllodes tumor [1]. Phyllodes tumor of the breast is a rare fibroepithelial tumor. It constitutes 1% of all primary breast tumors and 3% of fibroepithelial tumors [2, 3]. It is commonly seen in women aged between 35-55 years [4]. It is often unilateral and has no specific mammography or ultrasound finding. Therefore, it is difficult to distinguish it from fibroadenoma and followed as fibroadenoma. Patients generally apply after a rapid grow of a pre-existing mass. On the basis of its biological features, it is called as benign, borderline and malign [5]. Treatment includes local excision, wide excision and mastectomy. Radical mastectomy has been used widely, although conservative surgery is commonly used nowadays. Local relapse is common after surgery [6]. In benign lesions, breast-conserving surgery is preferred. In very large lesions, mastectomy can be preferred as the lesion would cause aesthetical problems [7, 8].

CASE REPORT

A 22-year-old woman was presented to our general surgery unit with a lump on her right breast. She has a history of abscess drainage from the same breast last year. In her physical examination, we detected a very large, multilobulated solid mass lesion in the size of the whole breast causing a prominent asymmetry between two breasts. Left breast and bilateral axillary regions were normal. In the ultrasound, right breast volume was increased and parenchyma was calcified. There was no sign of abscess formation. After patients

consent, we planned an elective surgery. Under general anesthesia, an elliptical incision including skin and parallel to the areola was made in the right breast. A 15 cm multilobulated mass was totally excised (figure 1 and 2). The mass was totally separated from surrounding breast tissue and pectorial fascia. We did not detect any sign of invasion. Patient had no postoperative problems and discharged 3 days after surgery. Pathological examination indicated benign phyllodes tumor. At her follow-up visit one year later, we did not detect any finding indicating a relapse.

DISCUSSION

Phyllodes tumor is a benign tumor histologically, however it grows rapidly. In some cases, it does not grow for years and then grows rapidly. It classified as benign, borderline and malign on the basis of its biological characteristics [5]. Metastasis is not seen often, however local relapse is common [6]. Preoperative diagnosis is important when deciding surgery. Fine needle biopsy is not preferred due to high risk of false negative results [9]. Wide excision with clean margins (minimum 1 cm) is suggested regardless of the histopathological type [10]. In our case, we performed direct excisional biopsy both for diagnosis and treatment. Local relapse is 3-15% in benign cases and 3-50 % in malign cases [11]. Lenhard *et al.*, [12] detected local relapse in 8 cases out of 33 in their case series. In 7 of them, surgical margin was less than 2cm. Therefore, wide excision with surgical margins of 1-2 cm is suggested in cases with phyllodes tumor. If tumor is not very large, breast-preserving surgery can be preferred [13, 14]. MD Anderson Cancer Center reported 1 case with phyllodes tumor without clear margins after mastectomy. In all others, margins were

clean (after breast-preserving surgery or mastectomy). In this study, clinicians performed wide excision with clean margins and only 1 case of 29 cases with malign phyllodes tumor had local relapse [13].



Fig. 1: Anterior view of the mass



Fig. 2: Posterior view of the mass

CONCLUSION

Benign phyllodes tumor can be treated with curative local excision. Explicitly benign cases can be treated as fibroadenoma. Borderline phyllodes tumors should be treated a wide margin incision and such cases should be observed. In malign cases, mastectomy is suggested. In this tumor, lymph node dissection is not required [15].

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