

THE CURSE FROM THE PAST: THE CHALLENGE OF MALIGNANT PHYLLODES BREAST CANCER

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Introduction

Phyllodes tumor is a rare fibroepithelial tumor which account less than 1% of breast tumor. Originally described by Johannes Muller in 1838 it is characterized by a combination of hypercellular stroma and cleft like spaces lined by epithelium classically known as cystosarcoma phyllodes because of the leaf like projections and was renamed on 1980s as Phyllodes Tumor.

Phyllodes tumor is further categorized as benign, borderline and malignant with vast majority being benign. Malignant phyllodes tumor represents 10-30% of all cases and have the ability to recur and have metastatic potential.

Most metastasis of phyllodes tumor reported is located in lungs (75.7%), other sites including at bone (18.9%), brain (10.8%), and liver (5.4%).

We present a case of malignant phyllodes tumor which presented with metastatic disease and it acted in atypical behaviour.

Case report

A 26 years old nulliparous lady initially presented with bilateral breast lump in 2015. On examination both clinically benign looking lumps measuring 3x3cm with no axillary lymphadenopathy. Core biopsy taken reported as fibroadenoma. Ultrasound breast was not done as she defaulted her date and further appointment. Similar patient came back on 2018 with huge fungating right breast mass with ulceration and maggot infestation. She also complained of lethargy, loss of weight and loss of appetite. On examination her right breast mass measuring 20x15cm with ulceration, also she has left breast mass of similar size as previous visit. She has no bilateral lymphadenopathy.

Wedge biopsy and subsequent mastectomy performed and yield there was a malignant phylloides tumour which the microscopic examination has been confirmed. There is poor prognostic factors in this patient where the mitotic figures was 10/10 hpf, presence of

necrotic and hemorrhagic centre and stromal overgrowth. Post operatively she was started on radiotherapy by oncologist. Repeated imaging showed recurrence of exophytic soft tissue mass at the right axilla invading the underlying pectoralis muscle with extensive bilateral lung and pleural metastasis. She was planned for chemotherapy commencement however unable to proceed as she had persistent anemia, dyspnea and she subsequently succumbed into sepsis and passed away due to acute respiratory failure.

Discussion

One of the challenge as physician is to monitor benign breast lesion and to predict transformation into malignant breast mass or in our case malignant phyllodes tumor. The transformation of benign fibroadenoma into phyllodes is uncommon as we can see in our case. There are two possibilities. One being misdiagnosed during core biopsy due to their overlapping pathological appearance. Secondly there is possibility of transformation of fibroadenoma into phyllodes tumor.

Primary treatment for phyllodes tumor is surgical excision depending on the size of the tumor, wide local excision is the treatment of choice. However for larger tumor, simple mastectomy would than be preferred to attain adequate margin of 1cm. It is noted that malignant Phyllodes tumor developed metastasis more commonly. The role of systemic chemotherapy and hormonal therapy is debatable. Based on limited data available, chemotherapy may be offered to patients with large tumor (>5cm), high risk, recurrent malignant tumor.

Conclusion

In conclusion, our patient was presented early at initial diagnosis. Had she did not defaulted her follow up to our center, the malignant transformation may would have been caught early and treatment may have started early as well. Having said that, her malignant transformation with aggressive metastasis is still the challenge that we had to face in managing this rare illness.