

GIANT PHYLLODES TUMOR OF THE BREAST IN A PREGNANT WOMAN: A CASE REPORT***Mariam Bourzoufi, Ahmed Mimouni, Saadi Hanan and Tahiri Hafssa**

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ABSTRACT

The phyllodes tumor is a particular and rare entity in breast pathology, more frequent in women in genital activity than in postmenopausal women. They are fibroepithelial tumors, close to fibroadenomas which represent the main differential diagnosis. Clinically, the phyllodes tumor is a rapidly growing tumor leading to an increase in breast volume, and is classified according to the histopronostic grade in 3 grades. Surgery represents the standard treatment.

KEYWORDS: Phyllodes Tumor, Breast, Mastectomy.**INTRODUCTION**

Phyllodes tumors of the breast are rare tumors, representing only 1% of all breast tumors, more frequent in genitally active women than in postmenopausal women. (Peak frequency 35-55 years).

These tumors were first described in 1893 by Johannes Muller, the name of these tumors is derived from the Greek word phyllon and Eidos which means leaf as the tumor takes the shape of a leaf. They are fibroepithelial tumors, similar to fibroadenomas which represent the main differential diagnosis.

They are most often benign (60-70%) and are considered a distinct group of rare neoplasia: 0.3-1% of breast neoplasia. We report the case of a giant phyllodes tumor that appeared in a pregnant woman.

Patient and observation

Patient aged of 42 years, married, multiparous, with no notable personal or family pathological antecedents, pregnant of a 5 weeks pregnancy according to an obstetrical ultrasound with a SG: 9,3 mm. The onset of the symptomatology dates back to 1 year ago with the autopalpation of a firm painless mass in the left breast, progressively increasing in volume. The Clinical breast examination found an asymmetry of the breasts with a left breast increasing in size, with a mass occupying the whole of the left breast of irregular contours, of firm consistency, painful, mobile in relation to the cutaneous plane and to the deep plane, without mammalian retraction, without inflammatory signs or skin lesions in front. (Figures 1-2).

Examination of the lymph nodes did not reveal any axillary or supra-clavicular adenopathies. The rest of the somatic examination did not find any abnormality elsewhere.

A breast ultrasound was performed showing a large mass occupying almost the entire left breast, with lobular contours, blurred in places, heterogeneous hypoechoic, richly vascularized on color Doppler, measuring 109*83mm and extending 86 mm with no PDA classified as ACR 5.

A breast biopsy was performed showing a histological aspect suggestive of a giant breast adenofibroma or giant phyllodes tumor, with no histological signs of malignancy.

The patient underwent a mastectomy weighing 790 g and measuring 16*14*6.5 cm. Anatomopathological analysis concluded that the tumor was a benign phyllodes tumor measuring 11 cm with healthy boundaries (Figures 3-4).

Postoperative breast examination showed a mastectomy scar, No adjuvant treatment is indicated in this case. The patient is still in complete remission at 1 year follow-up.

Consent: Written informed consent has been obtained from the patient for the publication of this case report and all accompanying images.



FIG 1.

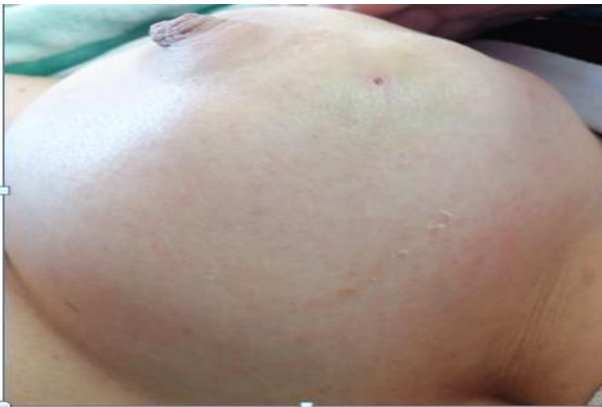


FIG 2.

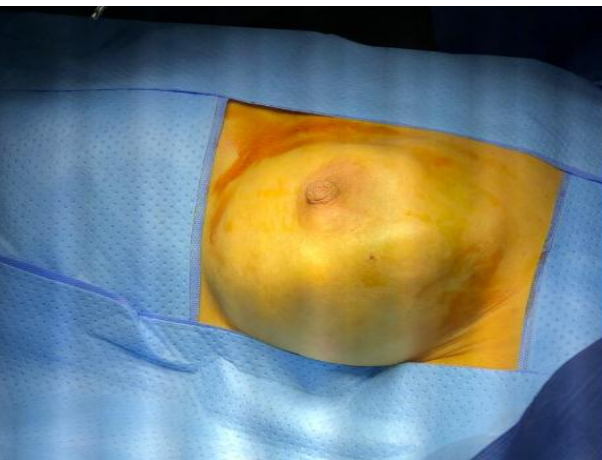


FIG 3.



FIG 4

DISCUSSION

The first description of phyllodes tumors was made by Cumin and Chelus in 1827.^[1-2] Since 1981, the O.M.S has opted for the name of phyllodes tumor by distinguishing 3 categories: benign, at the limit between benignity and malignancy, malignant.^[3]

Phyllodes tumors represent only 0.3 - 1% of breast tumors, they are more frequent in young women and remain very rare at such a young age.^[4,5]

The average age varies from 37 to 50 years^[6, 1,7] and patients with a phyllodes tumor are 15 to 20 years older than those with a fibroadenoma. Our patient was 42 years old.

A small number of phyllodes tumors are diagnosed in pregnancy with increased tumor growth.^[1] In our case, we noted a phyllodes tumor of the left breast occurring in a 5-week amenorrhea pregnancy.

Clinically, the phyllodes tumor is a rapidly growing tumor with a characteristic increase in breast volume; it manifests itself as a large, unilateral, firm and more or less elastic mass. Skin changes such as erythema^[8-9], stretch marks or inflammatory signs are present only in the case of a large tumor or a superficial tumor. Phyllodes tumors pose a problem of differential diagnosis with fibroadenomas.^[4,8]

The size of the tumor varies from 1 to 45 cm^[6,10], in our patient the size was 11 cm. Mammography shows a well-limited watery opacity without microcalcifications or stellate extension or skin thickening.^[7-11] Two elements should draw attention to the phyllodes tumor: the polycyclic aspect and the clear contour in some places, blurred in others. * Ultrasound is helpful when it shows areas of cystitis within a heterogeneous tissue mass.

Histologically the phyllodes tumor is a fibroepithelial tumor with the presence of stromal hyperplasia. The histopronostic grade is established on the basis of the combination of negative histological factors, in particular the number of mitoses per 10 fields, the severity of cellular atypia, the tumor/healthy parenchyma interface, the presence of tumor necrosis and the stromal density.^[9]

The tumor is classified according to the histopronostic grade into 3 grades; grade 1 corresponds to a benign tumor with no pejorative histological factors and no risk of recurrence, grade 2 corresponds to a borderline tumor with the presence of at least one pejorative factor, and grade 3 corresponds to a phyllodes sarcoma with at least 3 pejorative factors and an estimated risk of metastasis of 25% at 3 years.^[12]

Therapeutically, surgery is the standard treatment. An enlarged lumpectomy with a safety margin of 10 mm is indicated for grade 1 and 2 tumors.^[12] A simple mastectomy without lymph node dissection is indicated

for grade 3 tumors, or for tumors larger than 5 cm.^[8-13] In our case, the patient underwent a mastectomy measuring 16*14*6.5 cm, the histological result of which was in favor of a benign phyllodes tumor grade I.

Adjuvant radiotherapy is appropriate in the case of a grade 3 tumor, a third local recurrence, or a recurrence after mastectomy. Phyllodes tumors behave relatively benignly, however, local recurrence can occur in 25% of cases^[9-13] and in particular after conservative treatment. In our case the patient did not receive adjuvant treatment.

CONCLUSION

Phyllodes tumor of the breast is a mysterious tumor that still poses problems of terminology, preoperative diagnosis, histological interpretation and histopronostic classification. The basic treatment at present is dominated by surgery.

Conflicts of interest

The authors declare no conflicts of interest.

Contributions of the authors

All authors contributed to the conduct of this work. All authors also declare that they have read and approved the final version of the manuscript.

REFERENCES

1. V. Cabaret., A. Delobelle- Deroide., M-O. Vilain. : Les tumeurs phyllodes Arch. Anat. Cytol. Path, 1995; 43, n°1-2, 59- 71.
2. N. Matar., A. Soumani., M. Noun., T. Chraibi., A. Himmi., A. Elmansouri., M. Aderdour., M. Bekkay. Tumeurs phyllodes du sein. A propos de 41 cas. J. Gynécol-obstet Biol. Reprod, 1997; 26: 32-36.
3. O. M. S. n°2: Types histologiques des tumeurs du sein. In : classification histologique internationale des tumeurs. Seconde édition – Genève: OMS, 1981.
4. Martino A, Zamparelli M, Santinelli A, Cobellis G, Rossi L, Amici G. Unusual Clinical Presentation of a Rare Case of Phyllodes Tumor of the Breast in an Adolescent Girl. *Journal of Pediatric Surgery*, 2001; 36(6): 941–943. [PubMed] [Google Scholar]
5. Pistolese Chiara Adriana, MD, Tanga Ilaria, MD, Cossu Elsa, MD, Perretta Tommaso, MD, Yamgoue Marceline, Bonanno Elena, Simonetti Giovanni. A Phyllodes Tumor in a Child. *J Pediatr Adolesc Gynecol*, 2009; 22(3): 21–24. [PubMed] [Google Scholar]
6. J. G. Azzopardi. Types histologiques des tumeurs du sein. Ann. Path, 1982; 2: 91. 2- V. Cabaret., A. Delobelle- Deroide., M-O. Vilain.: Les tumeurs phyllodes Arch. Anat. Cytol. Path, 1995; 43: n°1-2, 59- 71.
7. M. Reinfus., J. Mitus., K-Z. Duda., A. Stelmach., J. Rys., K. Smolak. 0. : The treatment and prognosis of patients with phyllodes tumor of the breast. An analysis of 170 cases. American Cancer Society, 1996; 910-916.
8. Sorelli Paolo G, Daniel Thomas, Ashley Moore, Mihir Khan, Happy Hoque. Malignant phyllodes tumor in an 11-year-old premenarchal girl. *Journal of Pediatric Surgery*, 2010; 45(2): E17–E20. [PubMed] [Google Scholar]
9. Kanouni L, Jalil A, Saâdi I, Sifat H, Hadadi K, Errihani H, Mansouri A, Benjaafar N, Ahyoud F, Souadka A, Kettani F, El Gueddari BK. Prise en charge des tumeurs phyllodes du sein à l'Institut national d'oncologie de Rabat, Maroc. *Gynécologie Obstétrique & Fertilité*, 2004; (32): 293–301. [PubMed] [Google Scholar].
10. V. Metal. : Tumeurs phyllodes du sein (bénignes malignes et les autres). Paris : Masson, 1986; 128. 9- A. Jalil., N. Otmani., H. Hachi., S. Benjelloun., F. Souadka., A. Souadka. : Les sarcomes du sein à propos de 11 cas.
11. A. Jalil., N. Otmani., H. Hachi., S. Benjelloun., F. Souadka., A. Souadka. : Les sarcomes du sein à propos de 11 cas. Rev. Française Gynécol. Obstet, 1996; 91(5): 205-208.
12. Bartoli C, Zurrida S, Veronesi P, et al. Small sized phyllodes Tumor of the breast. *Eur J Surg Oncol*, 1990; 16(3): 215–219. [PubMed] [Google Scholar]
13. Graciela Lewitan^a, Carolina Goldberg^b, Rubén De Sousa Serrob, Cristina Cabaleiroa, Stella Maris Espora. Tumor phyllodes en una niña de 11 años: communication de un caso. *Arch Argent Pediatr*, 2010; 108(2): 41–43. [PubMed] [Google Scholar]