

Phyllodes Tumour And Breast Conservative Surgeries; A Case Series Study.

Dr Alok Chandra Prakash(1),Dr Vinay Pratap(2)

¹Department Of General Surgery RIMS Ranchi India.

²Department Of General Surgery RIMS Ranchi India.

Abstract: *Phyllodes tumours have an incidence of 1 per 100,000 women and account for only 0.5% of all breast neoplasms (1).They have been variously classified, such as 'cystosarcoma phyllodes'.The phyllodes tumor is classified into benign, malignant, and borderline tumor according to histopathological features (2)(3): its clinical course is frequently unpredictable. The malignant phyllodes tumor is rare with a lower incidence than the benign counterpart. The tumor usually occurs in 35- to 55-year-old women (4)(5).The tumor appears clinically as a round, mobile, and painless mass and there is no clinical features to distinguish benign or malignant phyllodes tumors from benign lesions (6).The aim of this study is to go for breast conservative surgeries in cases of phyllodes tumour ,having average size 8 to 10 cm,diagnosed by ultrasonography,x-ray mammography and FNAC and tried to maintain bilateral symmetry of breast with a negative margin of atleast 1cm.This study is carried out in Department of general surgery RIMS, Ranchi, Jharkhand ,India. Out of 12 patients diagnosed here as an phylloids tumour preoperatively by ultrasonography.mammography and FNAC,all were gone for breast conservative surgery with a negative margin of atleast 1cm and tried to maintain the bilateral symmetry of breast.All patients were cured well with no recurrence,and all have a socially productive life.*

Keywords: *Breast Conservative Surgeries,Bilateral symmetry,Negative margin,Phyllodes tumor.*

I. Introduction

Cystosarcoma phyllodes (from Greek *kystis* ["sac,bladder"], *sarcoma* ["fleshy tumor"] and *phyllon* ["leaf"]) is a rare, predominantly benign tumor that occurs almost exclusively in the female breast (7)(8).Phyllodes tumor is the most commonly occurring nonepithelial neoplasm of the breast, though it represents only about 1% of tumors in the breast (9). Because of limited data, the relative percentages of benign and malignant phyllodes tumors are not well defined. Reports have suggested, however, that about 85-90% of phyllodes tumors are benign and that approximately 10-15% are malignant (10).Surgical resection remains the gold standard of treatment, whereas radiation therapy and chemotherapy have an undefined role.The incidence of local recurrence, distant metastasis, and cancer-related death are relatively lower than previously reported (11).

II. Material And Methods

This study is carried out in department of general surgery Rajendra Institute of Medical Sciences Ranchi Jharkhand during the period of February 2013 to January 2015.A total of 12 patients were selected between the age group of 35 to 55 years old,having average tumour size of 8 to 10 cm.

All the patients were preoperatively diagnosed with the help of FNAC,Ultrasonography and X-ray Mammography.

Intraoperative frozen section biopsy facility is not available at our centre,so we have directly proceeded for breast conservative surgeries in all the patients preoperatively diagnosed as benign tumours and we got the excellent results.

III. Results

Out of all 12 patients which were taken in this study all were gone for breast conservative surgeries with a negative margin of atleast 1 cm taken and due importance is given in maintaining bilateral symmetry of the breast.

Post operative results were excellent ,all the patients were cured well with negative histopathology reports. On multiple review all patients were happy to have bilateral symmetry of breast and all were living a socially productive life with zero recurrence rate.



Before Operation After Operation, Symmetry maintained

IV. Discussion

The phyllodes tumor of the breast is a rare disease usually presents as a large lump. In few cases, it is bilateral or multifocal. It occurs mainly in middle-aged women. As reported in literature, mean age ranges from 35 to 55 years. Phyllodes tumors of the breast are commonly classified as benign tumors and rarely as borderline or malignant tumors (12). The low incidence of phyllodes tumors could explain why the percentage of malignant phyllodes tumors reported in literature varies from 8% to 45% (13). The difficulty in distinguishing between phyllodes tumors and benign fibroadenoma may lead to misdiagnosis. In fact, there are no characteristic features that clinically distinguish phyllodes tumors from other breast tumors.

Surgical treatment is generally the treatment of choice for phyllodes tumors, regardless of its histological subtype. Most studies recommend a more than 1- to 2-cm excision margin (14). based on the evidence that local recurrence occurs more frequently in patients with narrow surgical margins less than 1 to 2 cm. However, an excision with the required margins is often impossible in huge phyllodes tumors due to the narrow area of breast tissue surrounding the lump. Based on the available clinical data, little is known about malignant breast phyllodes tumors. The prognosis for malignant breast phyllodes tumors is poor and the role of various treatment modalities is not clearly defined due to the rarity of disease (15). According to Ramakant *et al.*, large or giant phyllodes tumors (>10 cm) have higher cancer rates (42.5%) and recurrence rates (41%) compared with smaller tumors (21% malignancy rate and 29% recurrence rates) (16).

As we have taken all the patients of phylloids tumour having size 10 cm or less than 10cm, preoperatively proved as benign with the available investigations, all the patients were of relatively young age group and sexually active we decided to go for breast conservative surgeries. Intraoperative frozen section biopsy facilities were not available at our centre so we have not changed our plan intraoperatively also. All the patients were proved benign later on in Histopathology report.

We think that doing mastectomy in young age group patients is a great disaster for them unless and until mandatory. In phylloids tumour malignant potentials are very less and most of the patients were in sexually reproductive age group. So it is better to have breast conservative surgeries in all phylloids tumour of size 10 cm or less, preoperatively proved as benign and always try to maintain bilateral symmetry of the breast with the negative margin of at least 1cm if possible, so that patients should have a socially productive life.

References

- [1]. Moffat CJ, Pinder SE, Dixon AR, Elston CW, Blamey RW, Ellis IO. Phyllodes tumours of the breast: a clinico pathological review of thirty two cases. *Histopathology*. 1995;27(3):205–18.
- [2]. Bellocq JP, Magro G. Fibroepithelial tumors. In: Tavassoli FA, Devilee P, editors. *World Health Organization Classification of Tumors: Tumors of the Breast and Female Genital Organs*. Lyon, France: IARC; 2003. p. 99–103.
- [3]. Grabowski J, Salzsrein SL, Sadler GR, Blair SL. Malignant phyllodes tumors: a review of 752 cases. *Am Surg*. 2007;73:967–9.

- [4]. Salvadori B, Cusumano F, Del Bo R, Delledonne V, Grassi M, Rovini D, et al. Surgical treatment of phyllodes tumors of the breast. *Cancer*. 1989;63(12):2532–6.
- [5]. Reinfuss M, Mitus J, Duda K, Stelmach A, Rys J, Smolak K. The treatment and prognosis of patients with phyllodes tumor of the breast: an analysis of 170 cases. *Cancer*. 1996;77(5):910–6.
- [6]. Cohn-Cedermark G, Rutqvist LE, Rosendahl I, Silfverswärd C. Prognostic factors in cystosarcoma phyllodes: a clinicopathologic study of 77 patients. *Cancer*. 1991;68:2017–22.
- [7]. Hoover HC. Cystosarcomas of the breast. Raaf JH, ed. *Soft Tissue Sarcomas: Diagnosis and Treatment*. St Louis, Mo: Mosby; 1993. 113-21.
- [8]. Tan BY, Acs G, Apple SK, et al. Phyllodes tumours of the breast: a consensus review. *Histopathology*. 2016 Jan. 68 (1):5-21.
- [9]. Parker SJ, Harries SA. Phyllodes tumours. *Postgrad Med J*. 2001 Jul. 77(909):428-35.
- [10]. Jones AM, Mitter R, Poulosom R, et al. mRNA expression profiling of phyllodes tumours of the breast: identification of genes important in the development of borderline and malignant phyllodes tumours. *J Pathol*. 2008 Dec. 216(4):408-17.
- [11]. Lenhard MS, Kahlert S, Himsl I, Ditsch N, Untch M, Bauerfeind I. Phyllodes tumour of the breast: clinical follow-up of 33 cases of this rare disease. *Eur J Obstet Gynecol Reprod Biol*. 2008;138(2):217–21.
- [12]. Barrio AV, Clark BD, Goldberg JI, Hoque LW, Bernik SF, Flynn LW, et al. Clinicopathologic features and long-term outcomes of 293 phyllodes tumors of the breast. *Ann Surg Oncol*. 2007;14(10):2961–70.
- [13]. Mangi AA, Smith BL, Gadd MA, Tanabe KK, Ott MJ, Souba WW. Surgical management of phyllodes tumors. *Arch Surg*. 1999;134(5):487–92.
- [14]. Grimes MM. Cystosarcoma phyllodes of the breast: histologic features, flow cytometric analysis, and clinical correlations. *Mod Pathol*. 1992;5(3):232–9.
- [15]. Barrow BJ, Janjan NA, Gutman H, Benjamin RS, Allen P, Romsdahl MM, et al. Role of radiotherapy in sarcoma of the breast—a retrospective review of the M.D. Anderson experience. *Radiother Oncol*. 1999;52:173–8.
- [16]. Asoglu O, Ugurlu MM, Blanchard K, Grant CS, Reynolds C, Cha SS, et al. Risk factors for recurrence and death after primary surgical treatment of malignant phyllodes tumors. *Ann Surg Oncol*. 2004;11(11):1011–7.