



Malignant Phyllode Tumor : About A Case

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Introduction

Phyllodes tumors are the most common non-epithelial neoplasms of the non-epithelial neoplasms of the breast. However, malignant phyllodes tumors of the breast are rare and are estimated to represent only 1.0% of all breast malignancies [1], and 16-30% of all phyllodes tumors.

Phyllodes tumors are generally considered to be benign lesions, but there is an increasing incidence of benign lesions, but an increasing incidence of malignant tumors have been reported recently. The actual incidence of malignant phyllodes is unknown.

The giant phyllodes are those tumors that are larger than 10 cm and represent about 20% of all phyllodes tumors [2].

The most affected age group is between 40 and 50 years of age and the typical presentation is a rapidly growing mass. The clinical behavior of phyllodes tumors is unpredictable. The major problem is a high rate of local recurrence, but the tumors rarely metastasize.

Wide excision or mastectomy with adequate healthy margins is the treatment of choice. Skin grafting after mastectomy is used occasionally for giant malignant phyllodes tumors.

In our case, we report a case of giant malignant phyllodes tumor admitted in our structure Mohamed VI Center of gynecological and mammary cancers CHU IBN ROCHD CASABLANCA.

After a total mastectomy we treated the skin defect using a dorsal flap.

Observation:

Mrs. H.R aged 75 years single, nulligest, whose history of the disease goes back to 5 years ago with the appearance of a left breast mass progressively increasing in volume with inflammatory signs such as skin ulceration and diffuse redness. The mass was not associated with mastodynia or discharge from the nipple discharge.

Examination revealed a huge ulcerating mass of the left breast measuring 30 cm × 20 cm bleeding on contact deforming the entire breast (Figure 1).

Mammography could not be performed due to the size of the of the lesion and a tissue biopsy revealed a high-grade phyllodes tumor.

A thoraco abdominopelvic CT scan showed no evidence of secondary localization.

Taking into account the size of the lesion, a mastectomy was indicated and since the tumor was adherent to the pectoral muscle, a resection of the pectoral muscle was also performed with a dorsal lobster covering the skin defect by a dorsal lumbar puncture (Figure 2).

The histological examination confirmed the biopsy results, it was indeed a phyllodes tumor grade III with deep borderline involvement.

radiotherapy was indicated.

A surveillance over a period of one year did not reveal any recurrence or metastasis.

Discussion:

Phyllodes tumors of the breast are rare fibroepithelial tumors with a prominent stromal component. The diagnosis of a phyllodes tumor should be qualified by the indication of malignancy, benignity, or whether

benign, or if it has undetermined characteristics , a so-called borderline lesion.

Phyllodes tumors can vary in size but are often bulky with a median size of 4-5 cm. They can occur at any age, the median age being the 5th decade.

When the histological picture suggests malignancy, a wide excision with more adequate free margins or a total mastectomy is justified to reduce the risk of local recurrence [3].

For a large malignant phyllodes, as in our patient's case, a total mastectomy with wide margins is the treatment of choice, but the resulting large skin defect always requires a skin graft or rotation flap.

Careful design of the preoperative flap is necessary.

Malignant phyllodes tumors can spread through the vascular pathways lung, pleural, bone or brain. They rarely spread via the lymphatic system.

Axillary lymphatic is not necessary [4], but removal of suspected axillary lymph nodes is recommended. The major problem with malignant phyllodes tumors after treatment is the local recurrence, especially if the boundaries are not healthy. The postoperative adjuvant treatment, such as chemotherapy or radiotherapy, is of limited value for malignant phyllodes tumors [5].

Careful postoperative monitoring is the best approach. Our patient was followed in our outpatient department ambulatory for 1 year with no recurrence

Conclusion:

Phyllodes tumors are a rare type of tumor of the breast. In benign or borderline lesions a large excision is sufficient, with rarely a need for mastectomy. For malignant lesions, an excision with sufficient margins or a total mastectomy without axillary curage is recommended. For a giant malignant phyllodes tumor, total mastectomy with clean margins with skin graft or flap are the best approach.

The value of postoperative radiotherapy and chemotherapy is still uncertain. All patients should receive long-term follow-up.

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Figure 1: Ulcero-bronchial mass destroying the left breast



Figure 2 : postoperative image after total mastectomy and recovery by dorsal lobster

