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CASE REPORT/OLGU SUNUMU

MAMMARY PHYLLODES TUMOUR ASSOCIATED WITH DUCTAL ATYPICAL HYPERPLASIA: A CASE REPORT

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MEMEDE FİLLOİDES TÜMÖR VE ATİPİK DUKTAL HİPERPLAZİ BİRLİKTELİĞİ: OLGU SUNUMU

ÖZET

Meme hastalıkları çok geniş bir spektrumda yer alıp, basit kistik hastalıklar şeklinde ortaya çıkabileceği gibi, ileri evrede tedavisi daha komplike malign hastalıklar şeklinde de görülebilmektedir. Bu geniş hastalık spektrumu içinde yer alan sistosarkoma filloides ve atipik duktal hiperplazi memenin nadir görülen hastalıkları arasında yer almalarına rağmen, malignite riski taşımaları ve klinik ve radyoloji değerlendirme aşamasında yaşanan yalancı negatiflikler bu hastalıkların tanı ve tedavisini zorlaştırmaktadır. Aynı zamanda ayrı ayrı malignite riski taşıyan bu hastalıkların aynı hastada olması tanı ve tedavideki önemi bir kat daha arttırmaktadır. Genellikle farklı hastalıklar olarak karşımıza çıkmalarına rağmen, literatürde ilk kez vakamızda bu iki farklı hastalık aynı hastada görülmüştür. Bu olgu sunumunda 69 yaşında bayan hastada sol memede eş zamanlı olarak saptanan atipik duktal hiperplazi ve filloides tümör sunuldu. Hastanın sol meme üst dış kadran lokalizasyonunda palpabl kitlesi mevcuttu. Kitlenin total çıkarılması takiben patolojik inceleme sonucu eş zamanlı olarak atipik duktal hiperplazi ve filloides tümör tespit edildi.

Anahtar sözcükler: sistosarkoma filloides tümör, meme hastalıkları, hiperplazi

ABSTRACT

Breast diseases have a broad spectrum. They may be seen in the form of a simple cystic disease or may occur as advanced stage malign diseases with more complicated treatment. Although in this broad spectrum cystosarcoma pyhllodes and atypical ductal carcinoma are rarely seen breast disaese, their diagnosis and treatment are becoming hard because of the carrying risk of malignancy and the false negativity during radiologic evaluation. Both of these disaeses have a risk of malignancy and they can be seen together simultaneoosly in a one patient. This stiuation increases the importance of their diagnosis and treatment. Usually these pathologies are not seen together but in our case they have been detected simultaneously at the same patient as a first time in the literature. In this case report, we presented simultaneously detected atypical ductal carcinoma and phyllodes tumor on the left breast of 69 years old female patient. There was a palpabl mass on the upper quadrant of the patient's left breast. After total removal of the mass, atypical ductal carcinoma and phyllodes tumor was detected simultaneously as a result of the pathological examination.

Keywords: cystosarcoma phyllodes tumor, hyperplasia, breast diseaseslesions

Introduction

Breast diseases have a broad spectrum. They may be seen in the form of a simple cystic disease or may occur as advanced stage malign diseases with more complicated treatment. As though atypical ductal hyperplasia and cystosarcoma phyllodes taking place in this wide spectrum, are diagnosed as different diseases, these two diseases are diagnosed for the same patient in this case report for the first time in the literature.

Phyllodes tumor of the breast composes less than 1% of the primary breast tumors, making the 2-3% of all fibroepithelial breast tumors (1-4). Often seen in women between the ages 35 to 55 (5). Phyllodes tumors are histologically similar to fibroadenomas, may be distinguished with increased cellularity histologically and with local recurrence and metastatic spread clinically. Atypical ductal hyperplasia (ADH), accompanies the 1.4-10% of core to thin biopsies (6-7). The risk of breast cancer in women identified ADH increases 3-4 times (8-10).

Generally these two diseases are seen in the middle aged women and requiring different diagnosis, treatment and follow up, seeing them together in the same case is important for the treatment and follow-up of the patient.

Case report

Sixty nine year old female patient was admitted to our center on May 2007 because of a left breast mass that she noticed 1 year ago and was detected in another center at the result of physical examination and breast ultrasonography (USG). On physical examination, there was a mobile mass with dimensions 3x1 cm in the upper outer quadrant of left breast 3 cm distant from areola. No axillary lymphadenopathy detected. The patient presented no risk factor. Ultrasonography of the left breast detected a hypoechoic

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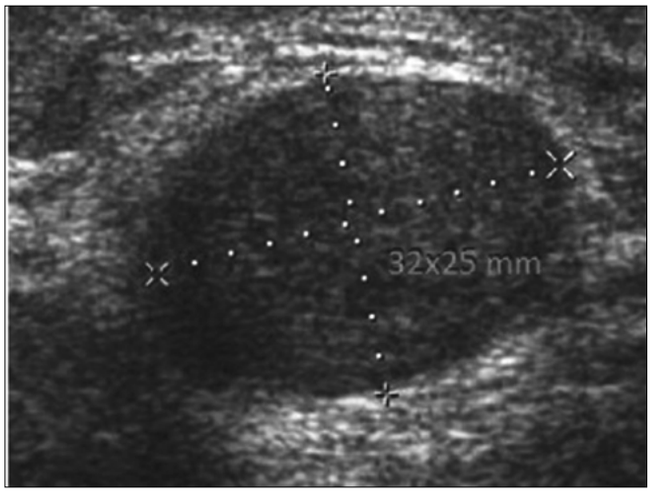

Figure 1. A hypoechoic and round shaped mass with dimensions of 32 to 25 mm on ultrasound examination.

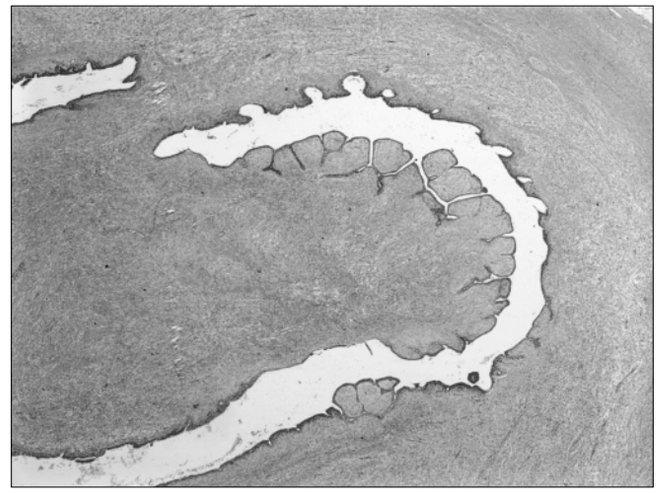

Figure 2. Leaf like protrusions and increase in stromal cellurarity of the lesion.

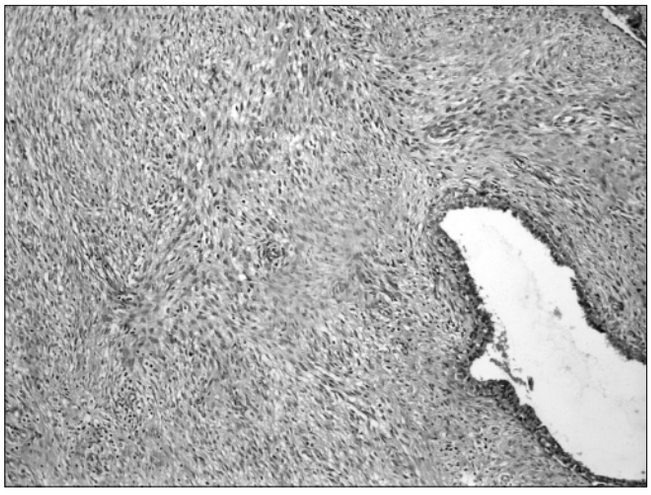

Figure 3. The epithelia laying leaf like protrusions was having focal hyperplasia some of which is atypical ductal hyperplasia.

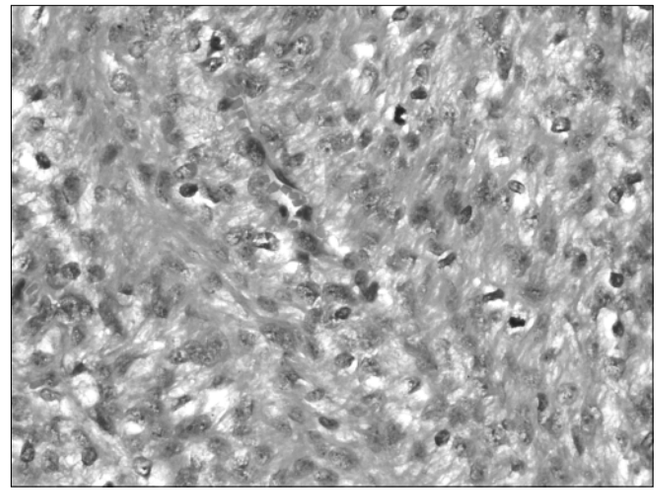

Figure 4. Heterogeneous stromal cellularity with areas of marked expansions and mitosis reaching eight per 10 times magnification.

and round shaped mass with dimensions of 32 to 25 mm, 3cm from areola at the level of 12 giving the impression of a fibroadenoma (Figure 1). A lobulated and sharp edged nodular lesion at the outer upper quadrant with dimensions 32x25 mm was recognized in the mammography of left breast.

There was no microcalcification suggesting malignancy of the left breast. In the excisional biopsy a lobulated lesion which is smooth edged, pushing the surrounding breast tissue and developing a fibrous pseudocapsule was detected. Leaf like protrusions and increase in stromal cellurarity of the lesion was recognized (Figure 2) The epithelia laying leaf like protrusions was having focal hyperplasia some of which is atypical ductal hyperplasia (Figure 3). Stromal cellularity was heterogeneous with areas of marked expansions and mitosis reaching eight per 10 times magnification (Figure 4). But there was mild pleomorphism of stromal cells. The diagnosis was made as atypical ductal hyperplasia and phyllodes tumor. Phyllodes tumor was grade 1 so surgery was not planned. Patient's 41 months long follow up period showed no recurrence.

Discussion

Breast diseases are seen frequently and they have a wide spectrum. Phyllodes tumor and ADH are rare diseases taking place in this wide spectrum. Their diagnostic and treatment modalities differ from each other. Systosarcoma phyllodes are accepted as a type of adenofibroma. It is generally benign but rarely malignant transformation is seen. As it is commonly seen between ages 35 and 55, it may be seen in a wide age spectrum (5). There are three types of phyllodes tumor; benign, borderline and malignant (11). Malignant phyllodes tumors are generally seen at older ages (2,12). Despite being 69 years old the pathology report of the patient was grade 1 phyllodes tumor. ADH is seen in 1.4-10 % of imaging guided core needle biopsies. But false negative results may be seen in 21-46% of core needle biopsies (13-15). It is not always

possible to differentiate phyllodes tumors from fibroadenomas with diagnostic USG and mammography (16-17). Both high false negative result ratio of radiology and biopsies for ADH and difficulty in differentiating phyllodes tumor from fibroadenoma by radiology makes the excisional biopsy main diagnostic modality. That's why we used excisional biopsies instead of core needle biopsy for differentiating form fibroadenoma.

We planned an excisional biopsy with the pre-diagnoses fibroadenoma and phyllodes tumor. During the operation considering the dimensions of mass biopsy limit was accepted as 1 cm. Because for the phyllodes tumors wide excisional biopsies (at least 1 cm) recommended in order to keep surgical borders negative (5,18). Axillary approach is not recommended for phyllodes tumors (12,19).

Main treatment method for patients with benign phyllodes tumor is surgery. The use of adjuvant theraphy for high risk patients with malignant histopathology is controversial. Annual follow-up with mamography and physical examination is recommended for women detected ADH (20). Tamoxifen and raloxifen can be given to women with ADH for the chemo-prevention. Studies showed that the incidence of breast cancer was decreased especially for postmenauposal women with this chemo-preservation protocol (21). But with the same protocol there was no change in the death ratios related to breast cancer (21-22). There are reports recommending bilateral prophylactic breast biopsies for women with ADH (23).

In general both for phyllodes tumor and ADH excisional biopsies of 1 cm is enough. Since the result of pathological examination for our patient was grade 1, this treatment was accepted sufficient. Treatment with this wide excisional biopsy was suitable despite these two different diseases in the same case. Being postmenapausal and having more than one proliferative breast diseases requires more frequent follow up.

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