International Journal of Academic Health and Medical Research (IJAHMR)
ISSN: 2643-9824
Vol. 5 Issue 4, April - 2021, Pages: 91-94

Locally Advanced Phyllodes Sarcoma Of The Breast, Surgical Treatment And Outcome (About A Case And Review Of The Literature)

Youness ammor, Hanae taghzouti , karam mohammed saoud, Mamouni Nisrine, Sanae Errarhay, Bouchikhi Shehrazad, Abd Aziz Banani

Department of Gynecology, Hassan II Teaching Hospital, Fez, Morocco

Abstract: *Phyllodes sarcomas of the breast are rare tumours and represent less than 1% of malignant breast tumours. This work allowed us to study rare tumours such as primary breast sarcomas and compare them with the results of the literature. Surgery with healthy margins is the "gold standard" for quality treatment. Simple mastectomy without associated axillary curage is the optimal surgery for all sarcomas. The prognosis and survival remain excellent.*

Keywords: :phyllode sarcoma breast case report

Introduction

Phyllodes sarcomas of the breast are rare tumours and represent less than 1% of malignant breast tumours. They consist of a double proliferation of epithelial and connective tissue and are characterised by a high cellularity of the connective tissue component.

Their particularity is on the one hand their histology and on the other hand their evolution which can be benign, recurrent, malignant and metastatic

Their clinical and radiological characteristics are those of benign tumours, and only a rapid tumour growth can evoke the diagnosis

They were clarified by CONTESSO in 1978, who introduced the notion of a phyllodes tumour with malignant potential based on precise histological criteria by distinguishing 2 large groups: benign tumours (grade I and II) and tumours with malignant potential (grade III malignant, and grade IV highly malignant) These tumours can be found at any age, the youngest recorded in the literature is 10 years, the doubling time of the tumour is often less than 3 months. The evolution is dominated by the risk of local recurrence which can be treated conservatively.

1. **CASE REPORT :**

We report the case of a 34 year old woman with no notable pathological history, notably no case of breast cancer in the family, who consulted for a rapid increase in the volume of the right breast associated with mastodynia. The evolution was done in a context of apyrexia and conservation of the general state

The examination found a conscious patient who was hemodynamically and respiratorily stable. The examination showed (figure 1) an enlarged right breast with several indurated nuclei, presence of atypical vascularisation, without inflammatory signs or adenopathy on examination of the lymph nodes.

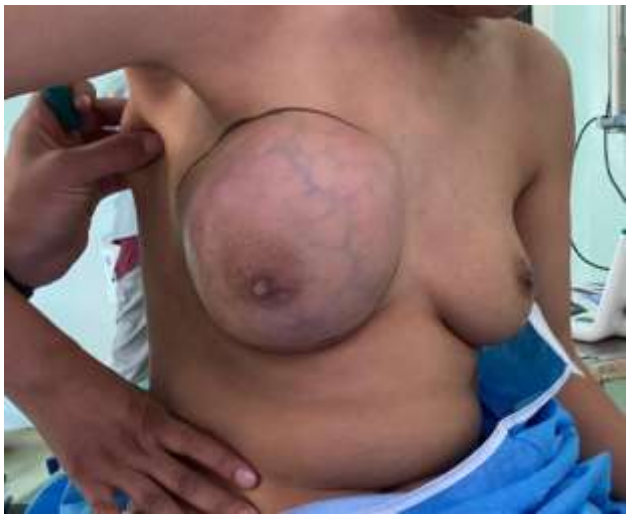


Figure 1: Enlarged right breast with peripheral venous circulation.

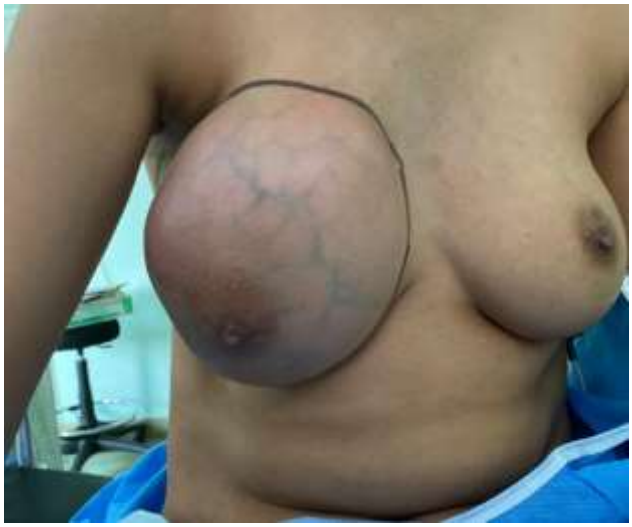
Breast ultrasound: the patient subsequently had a breast ultrasound: right breast with several echogenic heterogeneous masses suggestive of adenofibromas or phyllodes tumours. Left breast with generalized fibrocystic dystrophy.

Thoracic and abdominal CT scan: mass of the SD coming into intimate contact with the pectoral muscle with regular interface and loss of the separation line, no other suspicious anomaly.

Micro biopsy of the right breast: The histological and immunohistochemical appearance is in favour of at least grade II phyllodes tumour. Given the marked cytonuclear atypia a phyllodes sarcoma cannot be ruled out.

The decision to operate on the patient was made after consultation with the oncoplastic surgeons and radiotherapists.

The figures (2,3,4) show the different operating times and the final outcome of the surgery.



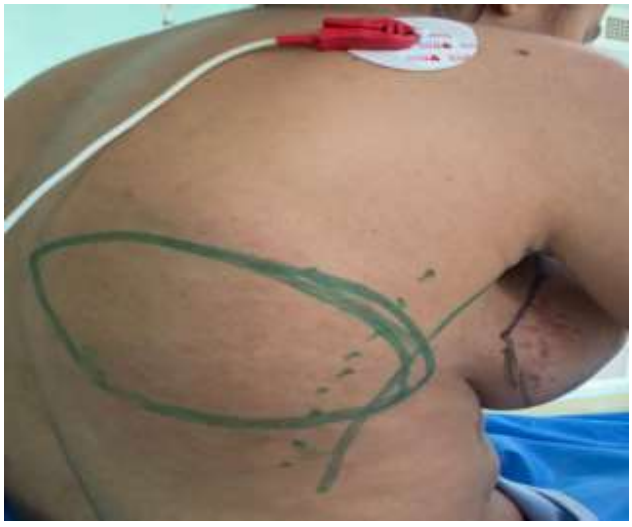
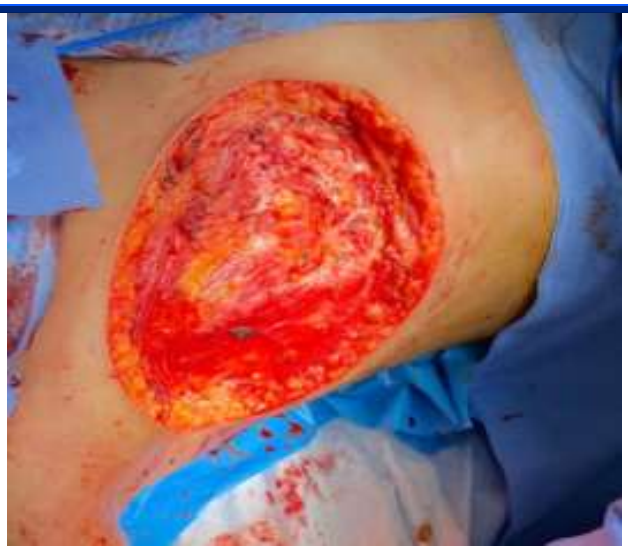


figure 2 and 3 showing pre-operative preparation and marking the boundaries of the surgery



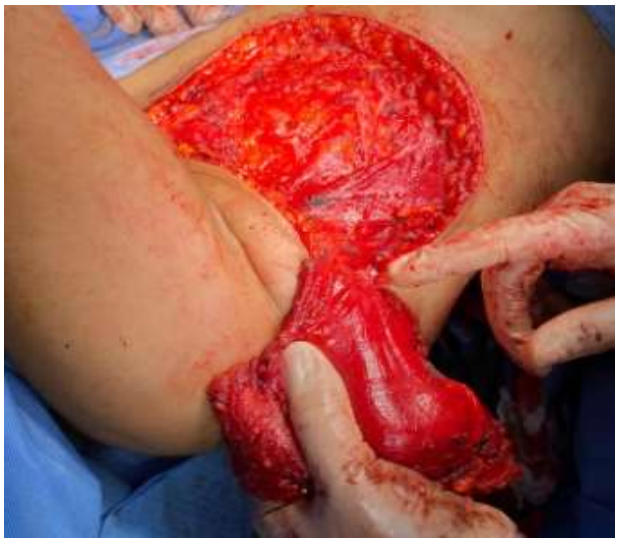
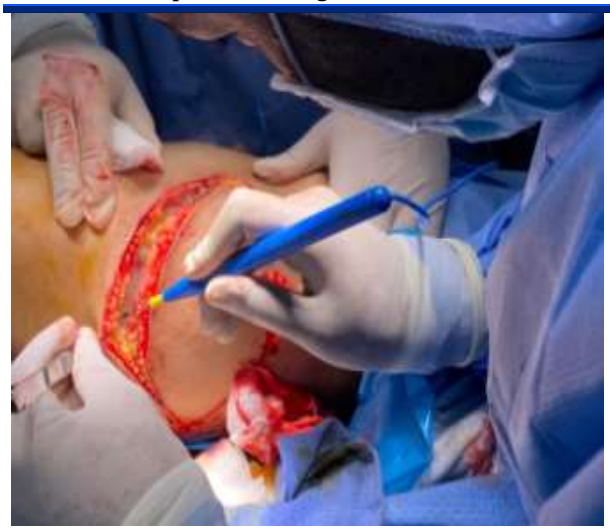


figure 4 showing mastectomy with respect to the carcinological limits

and figure 5 showing the removal of the pectoralis major muscle infiltrated by the tumour.



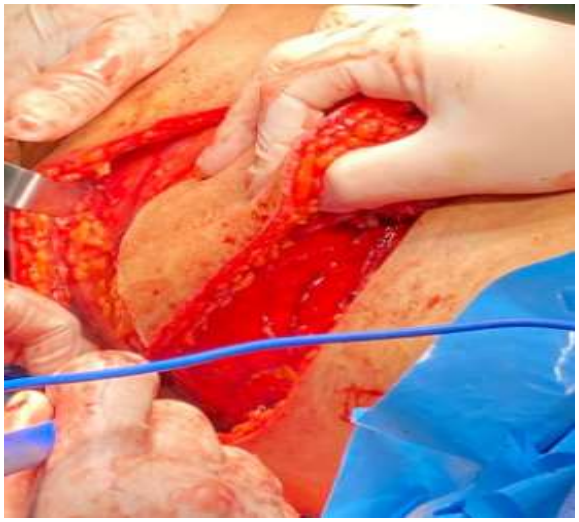


Figure 6 and 7 showing the dissection of a dorsalis major muscle skin flap.

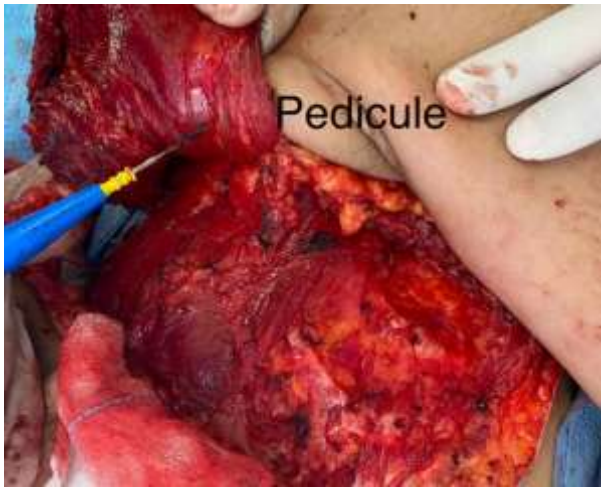
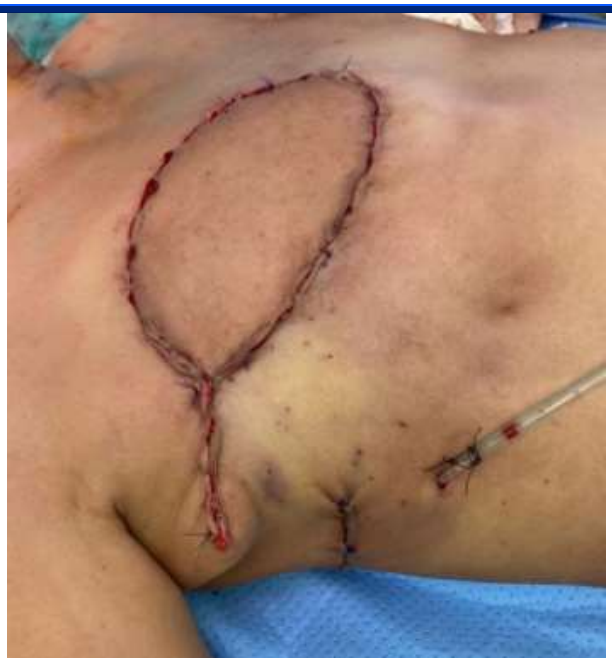
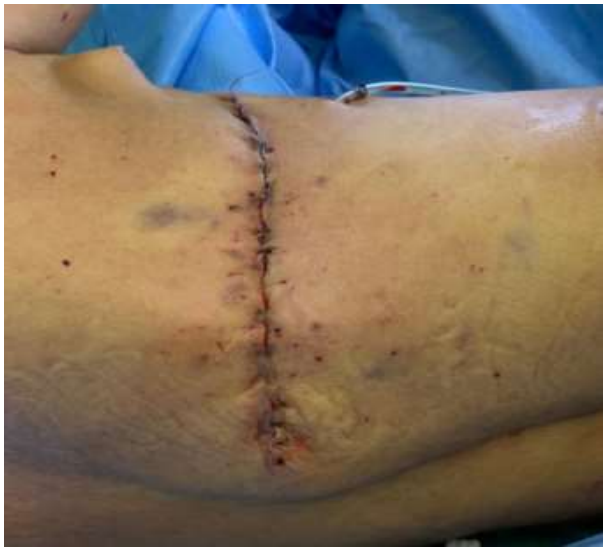


Figure 8 shows the complete dissection of the muscle flap with its vascular pedicle.





Figures 9 and 10 show the final postoperative result.

The surgical procedure consists in performing a right mastectomy respecting the carcinological limits, followed by a second step which consists in removing a cutaneous-muscular flap of the large dorsal muscle, taking care to keep the vascular-nervous pedicle of the flap, The third step consists of sliding the flap with its pedicle towards the mastectomy area, taking care not to twist the vascular-nervous pedicle, and finally closing the flap with simple stitches, leaving an aspiration drain in place.

The final pathological findings were in favour of a histological appearance compatible with a high grade phyllodes sarcoma of 14cm long axis, and the muscle cut was healthy

2. DISCUSSION

The age of the patients ranged from 24 to 48 years at the time of diagnosis. The mean age was 34.9 years. 1] Our patient is 34 years old and is within the average cited by the Fakhir series.

The delay between the onset of the tumour and the gynaecological treatment was between 1 and 72 months, with an average of ten months. 3] Our patient was managed promptly for 3 months.

The size of the tumour ranged from 5 to 13 cm, with an average of 8 cm. The tumour was located in four patients in the left breast and in four patients in the upper lateral quadrant. 2] Our patient presented with a 14 cm tumour taking up the whole of the left breast which is slightly larger than the cases reported in the literature.

The skin condition did not reveal any inflammation. Like our patient's case.

Palpation of the lymph nodes showed the presence of axillary adenopathy in only one case.

In all cases, mammography showed a hyperdense opacity, well limited, without micro calcifications. Ultrasound showed a rounded, lobulated, hypoechoic, heterogeneous formation in all patients, with posterior enhancement in two of them, i.e. ACR between 3 and 4.

the diagnosis was confirmed in all patients by fine needle cyto-puncture [4] or micro biopsy with the trucut

The surgical specimen confirmed the diagnosis of grade III phyllodes tumour in all patients, including our patient.

Adjuvant treatment was initiated in all patients, consisting of radiotherapy on the mastectomy scar.

The evolution was favourable in all patients without local recurrence or metastasis, with a follow-up between six months and eight years. No deaths occurred in any of the patients [5].

3. CONCLISION

This work allowed us to study rare tumours such as primary breast sarcoma and compare with the results of the literature.

Surgery with healthy margins is the "gold standard" for quality treatment.

Simple mastectomy without associated axillary curage is the optimal surgery for all sarcomas.

The prognosis and survival remain excellent.

4. REFERENCES

[1]-Fakhir, B., Louba, A., Bouchikhi, C. *et al.* Les sarcomes phyllodes: à propos de cinq patientes et revue de la littérature. *Oncologie* **12,** 105–108 (2010). https://doi.org/10.1007/s10269-010-1883-x

[2]Alam I, Awad ZT, Given HF (2003) Cystosarcoma phyllodes of the breast: a clinicopathological study of 11 cases. Ir Med J 96: 179–80

[3]Blanchard DK, Reynolds CA, Grant CS, Donohue JH (2003) Primary non phyllodes breast sarcomas. Am J Surg 186: 359–61

[4]Bousquet G, Confavreux C, Magné N, et al. (2007) Outcome and [1]prognostic factors in breast sarcoma: a multicenter study from the rare cancer network. Radiother Oncol 85(3): 355–61

[5]Buchberger W, Strasser K, Heim K, et al. (1991) Phyllodes tumor: findings on mammography, sonography and aspiration cytology in 10 cases. AJR Am J Roentgenol 157: 715–9