

BREAST PHYLLODES TUMORS

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Abstract

Phyllodes tumors account for 0.3% to 0.9% of all breast tumors. This very rare breast tumor develops in the stroma (connective tissue) of the breast, in contrast to carcinomas, which develop in the ducts or lobules. Other names for these tumors include phylloides tumor and *cystosarcoma phyllodes*. These tumors are usually benign but on rare occasions may be malignant.

Aim: diagnoses and right treatment of breast phyllodes tumors regarding their histology results at Hygeia Hospital Tirana and Oncology Service in U.H.C.

Material and methods: We select 26 patients diagnosed and treated for phyllodes breast tumors for the period January 2008- august 2012 by their presenting at Hygeia Hospital Tirana and Oncology Service at the University Hospital Center.

Results: Occur almost exclusively in females. Rare case reports have been described in males. Phyllodes tumors can occur in people of any age; however, the median age is the fifth decade of life. Histology of the phyllodes tumor reveals a stromal and epithelial component, and it is the stromal component that is responsible for local recurrence and distant metastasis. The World Health Organization defines three types of phyllodes tumors based on the histology: benign, low grade (borderline), and high-grade malignant phyllodes tumor. Malignant phyllodes tumors comprise around 25% of all phyllodes tumors. Triple assessment by clinical, radiological and cytological or histological examinations forms the fundamental basis for evaluation of all breast lumps. The preoperative diagnostic accuracy of phyllodes tumor is often poor because mammary phyllodes tumors are rare and their clinical, imaging, cytology and histology characteristics are similar to those of fibroadenomatous breast tumor, which has a high incidence. Benign phyllodes tumors are treated by removing the tumor along with a margin of normal breast tissue. A malignant phyllodes tumor is treated by removing it along with a wider margin of

normal tissue, or by mastectomy. Mastectomy is the most reliable procedure with regard to local control, but breast-conservation surgery (like Benelli or Madlain Lejoure techniques) is currently selected in most cases (excluding cases with very large tumors) for aesthetic reasons. The frequency of local recurrence has varied from 8 to 46% in previous reports, and age, tumor size, surgical approach, mitotic activity, stromal overgrowth and surgical margin have been reported as prognosis-predictive factors related to local recurrence. Among these, the most important factor may be the surgical margin.

Conclusion: In excision of phyllodes tumors it is important to achieve a negative surgical margin for good local control. The literature review has shown that the metastatic phyllodes tumor occurs within the first 3 years of primary resection and is invariably fatal with a mean survival of 4 months from the time of diagnosis. Surgery is often all that is needed, but these cancers may not respond as well to the other treatments used for more common breast cancers. When a malignant phyllodes tumor has spread, it may be treated with the chemotherapy given for soft-tissue sarcomas. The role of RT is no clearer.

Key words: *phyllodes, recurrence, margin.*

Introduction

Background

Phyllodes tumors account 0.3% to 0.9% of all breast tumors. This very rare breast tumor develops in the stroma (connective tissue) of the breast, in contrast to carcinomas, which develop in the ducts or lobules. Other names for these tumors include *phylloides tumor* and *cystosarcoma phyllodes*. These tumors are usually benign but on rare occasions may be malignant.

Aim

Diagnoses and right treatment of breast phyllodes