

Bilateral Multiple Phyllodes Tumors of the Breast, “Giant” on one Side: Report of a Case

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The phyllodes tumor is a rare fibroepithelial breast neoplasm, which mostly presents as a rapidly growing but clinically benign breast lump. The size of such a tumor is variable, ranging from 1 to 41 cm. We report a 38-year-old female patient with synchronous bilateral multifocal phyllodes tumors, with a giant left breast tumor so large (28 × 23.5 × 18 cm) as to cause obvious asymmetry of breasts. The patient was successfully treated with bilated mastectomy and the patient remained free of disease during a two-year follow-up. The literature on the clinicopathological features and management of this rare tumor is also reviewed.

Key words: giant phyllodes tumor, synchronous, breast

The phyllodes tumor is a rare fibroepithelial lesion that accounts for less than 1% of all breast neoplasms.¹ The original term cystosarcoma phyllodes was coined by Johannes Muller in 1838 to describe the gross appearance of such a “cystic, fleshy, and leaf-like tumor of the breast.”² However, only occasionally does it has cystic components, and it is not a true sarcoma in terms of either cellular origin or biologic behavior. Thus, cystosarcoma phyllodes is now felt to be a misnomer.³ Since the appearance of the original description, more than 60 synonyms have been proposed; however, the World Health Organization currently regards phyllodes tumor as the most appropriate name.⁴ Most phyllodes tumors present as rapidly growing but clinically benign breast lumps. The size of these tumors is variable, ranging from 1 to 41 cm (average 7 cm).⁵ Herein, we report the case of a 38-year-old female patient with a giant phyllodes tumor producing marked distortion of the breast contour.

Case Report

A 38-year-old woman presented with a palpable left breast mass that had first been noticed six months previously. The mass had grown rapidly during this

period of time, eventually resulting in obvious asymmetry of both breasts, leading to her subsequent attendance at our clinics because of embarrassment with physical appearance. On physical examination, one painless giant tumor (25 × 20 cm) was found in the left breast (Fig 1). The mass was movable and firm in consistency. Superficially, dilated veins and blue discoloration were visible. The contour of the left nipple-areolar complex was distorted. Besides, two other well-demarcated movable masses (approximately 3 × 4 cm and 5 × 5 cm) were palpable in the upper inner quadrant and lower inner quadrant of the right breast, respectively (Fig 1). No obvious lymphadenopathy was detectable in the axillary region on either side. On ultrasound examination, the left breast mass showed a smooth contour with homogeneous low echogenicity. The right breast lumps had a well-demarcated margin with homogeneous echogenicity (Fig 2). Mammography of the left breast could not be performed because of its huge size. On post-contrast computed tomography (CT), the left breast was polylobulated with tumor enhancement (Fig 3). Subsequently, two isolated lobulated and enhanced tumors were detected in the right breast. The patient underwent left total mastectomy because of the significant asymmetry caused by the neoplasm in the left

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