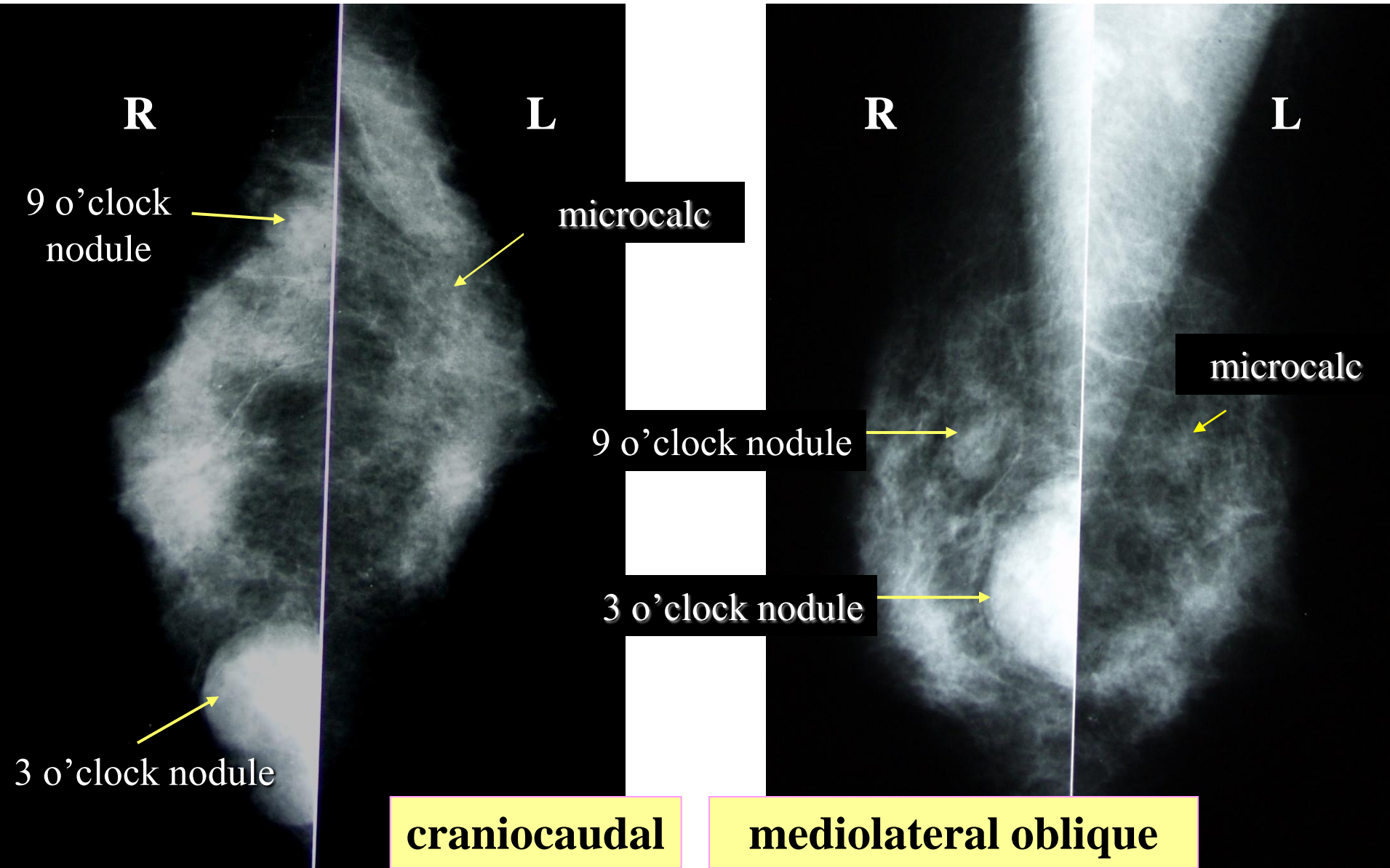


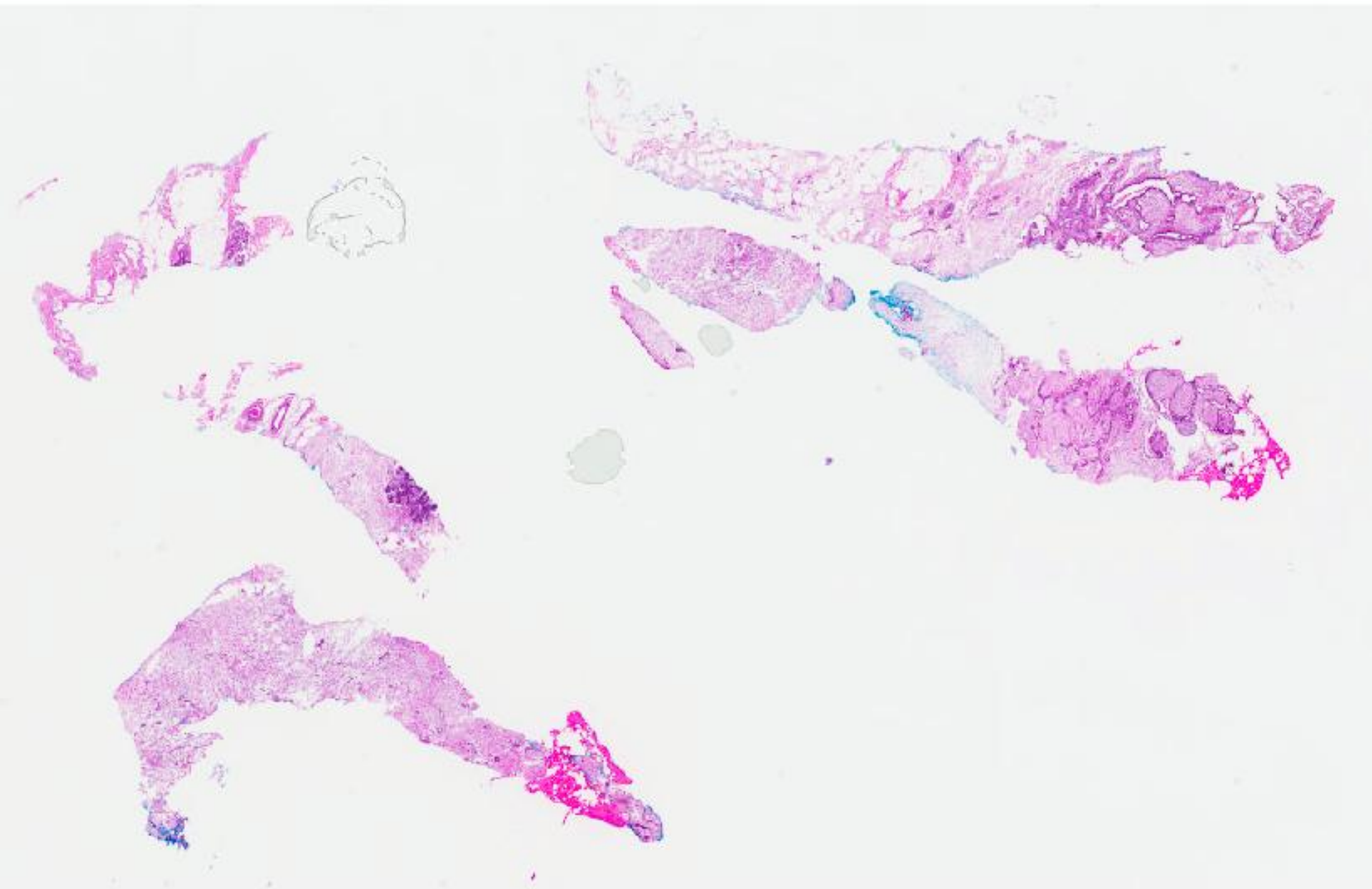
## CASE 18

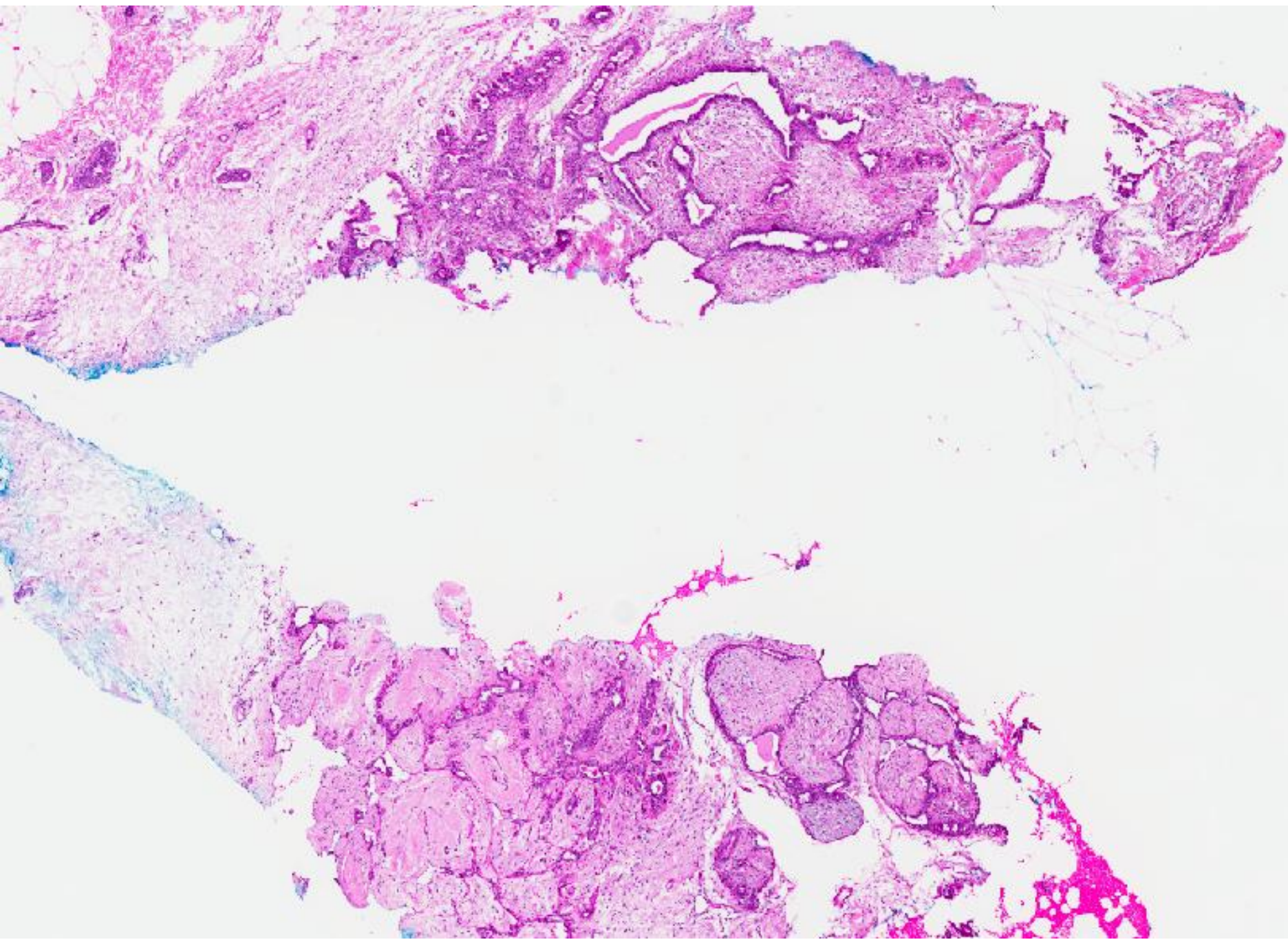
44 year old Chinese lady underwent mammographic screening, and was detected with microcalcifications in the left breast, and nodular densities in the right breast at 3 and 9 o'clock.

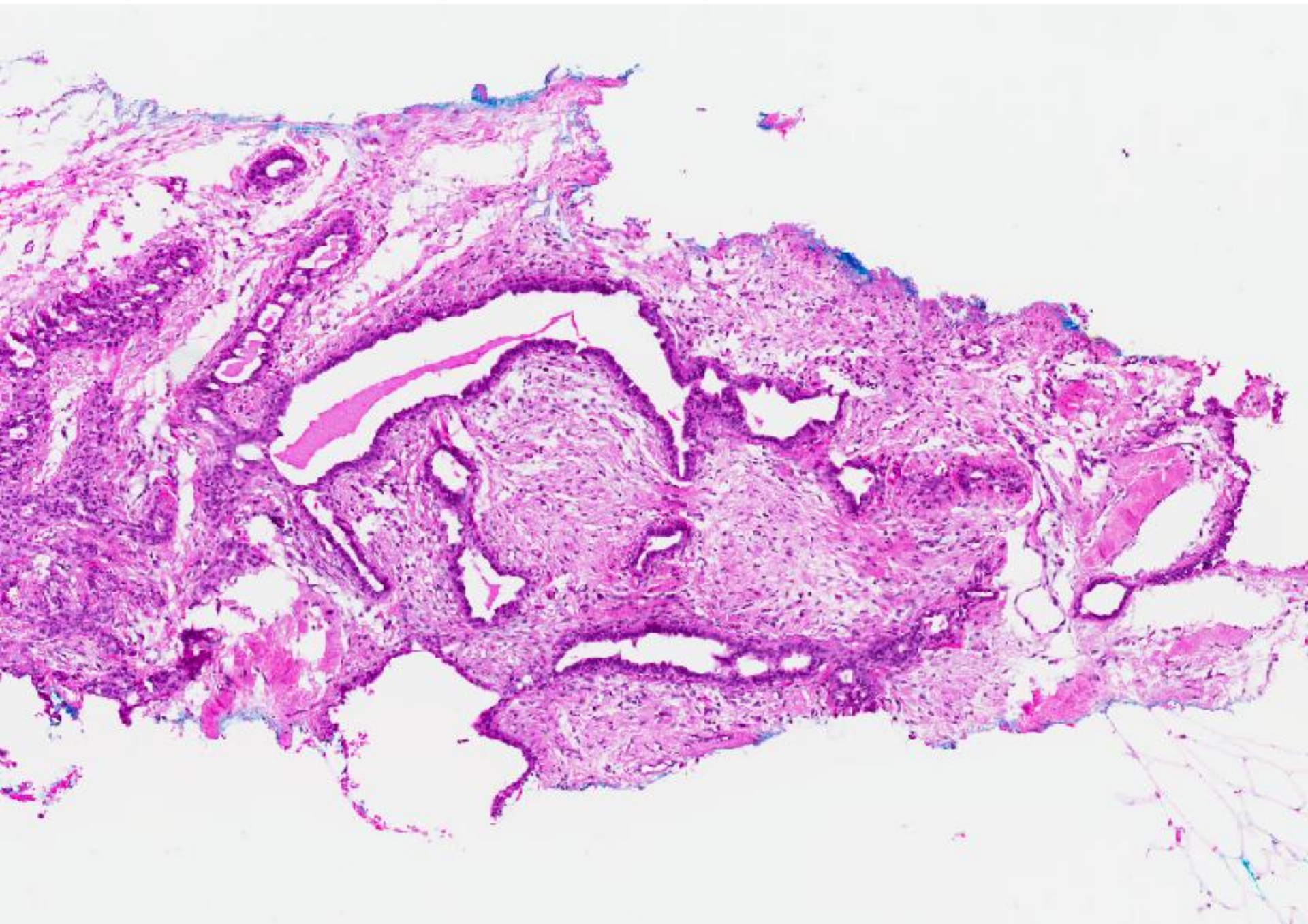
# Mammograms

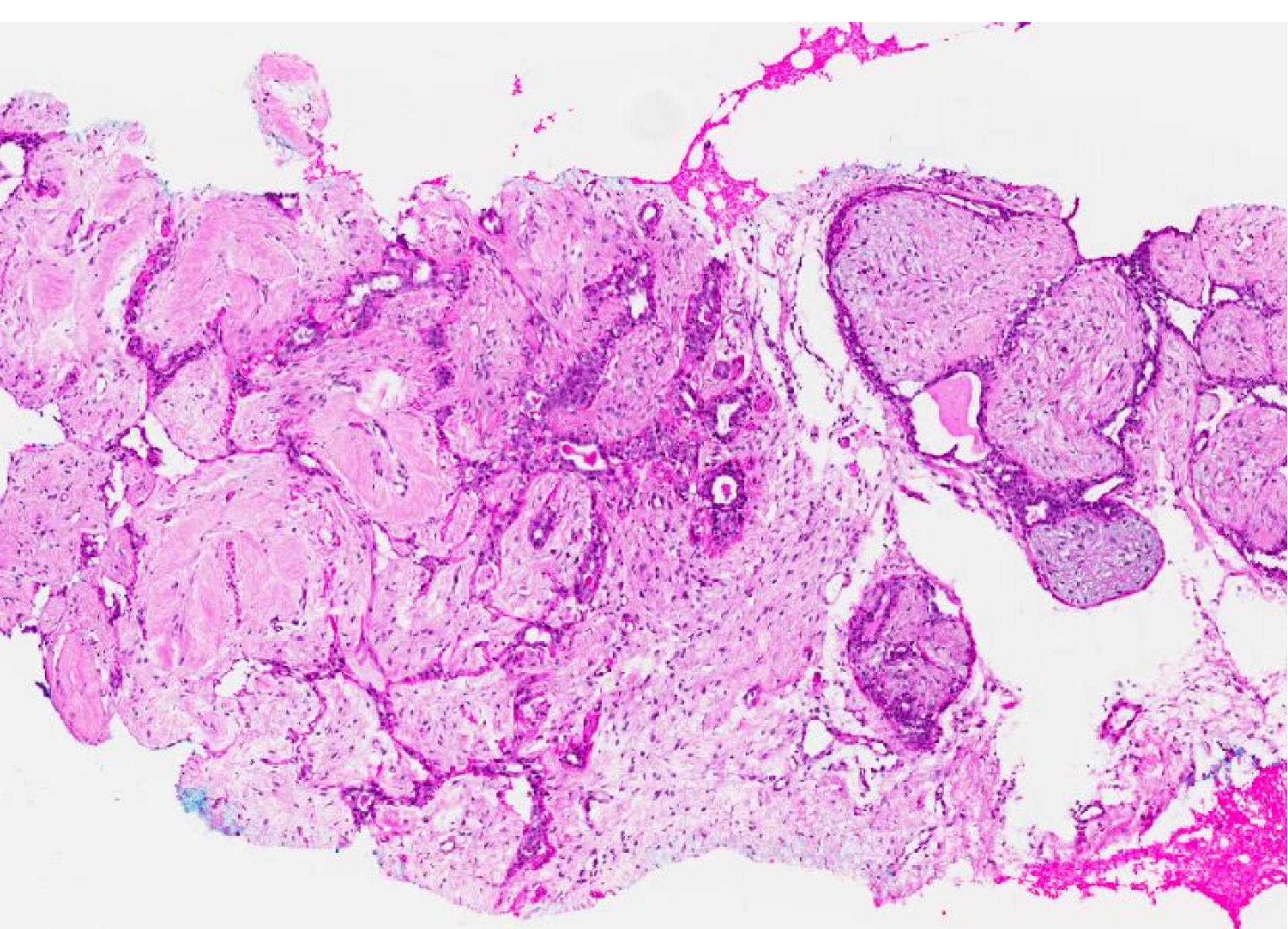


Ultrasound guided trucut biopsy of  
the right breast 3 o'clock nodule









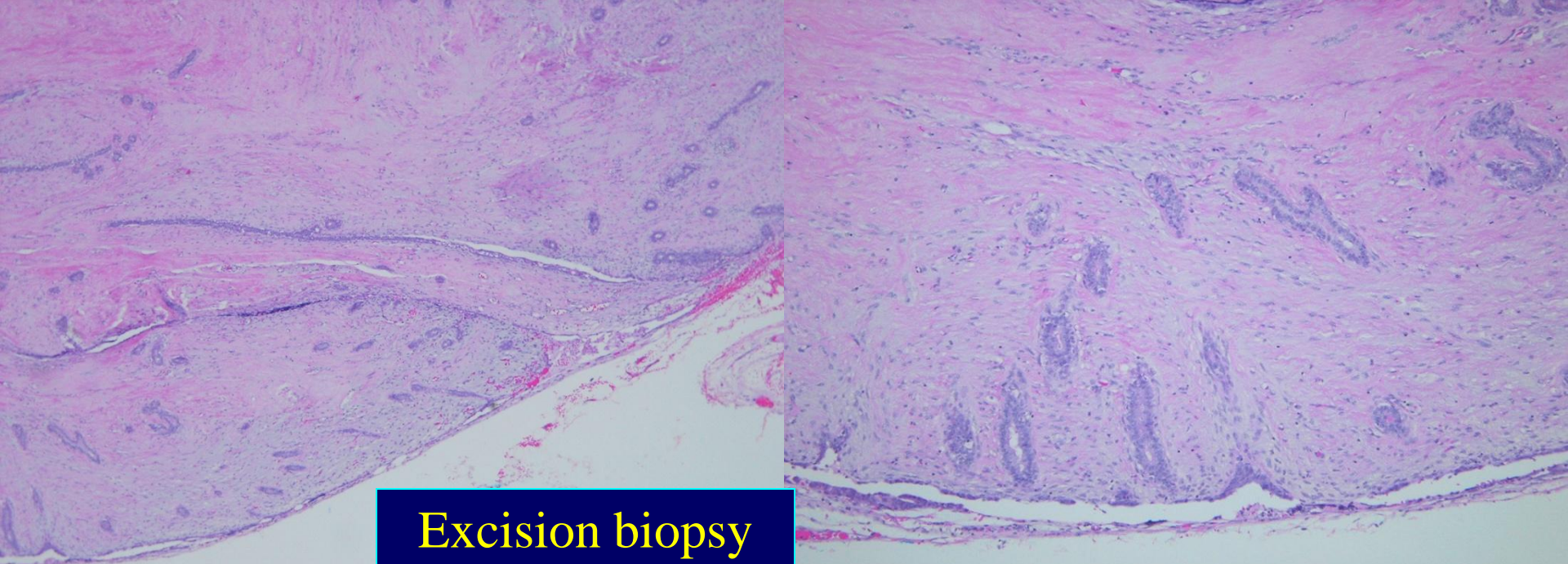
# Diagnosis

- 3 o'clock lesion: Fibroadenoma on core biopsy, subsequent excision several months later - malignant phyllodes tumour.

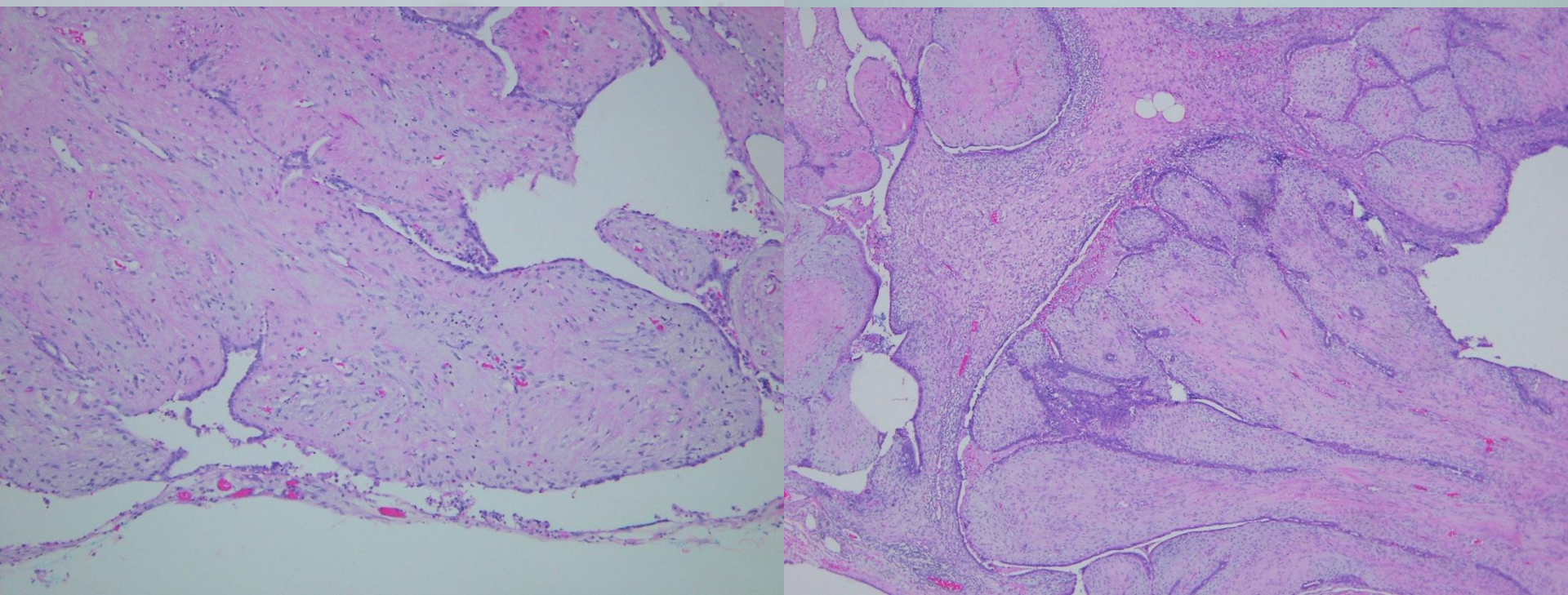


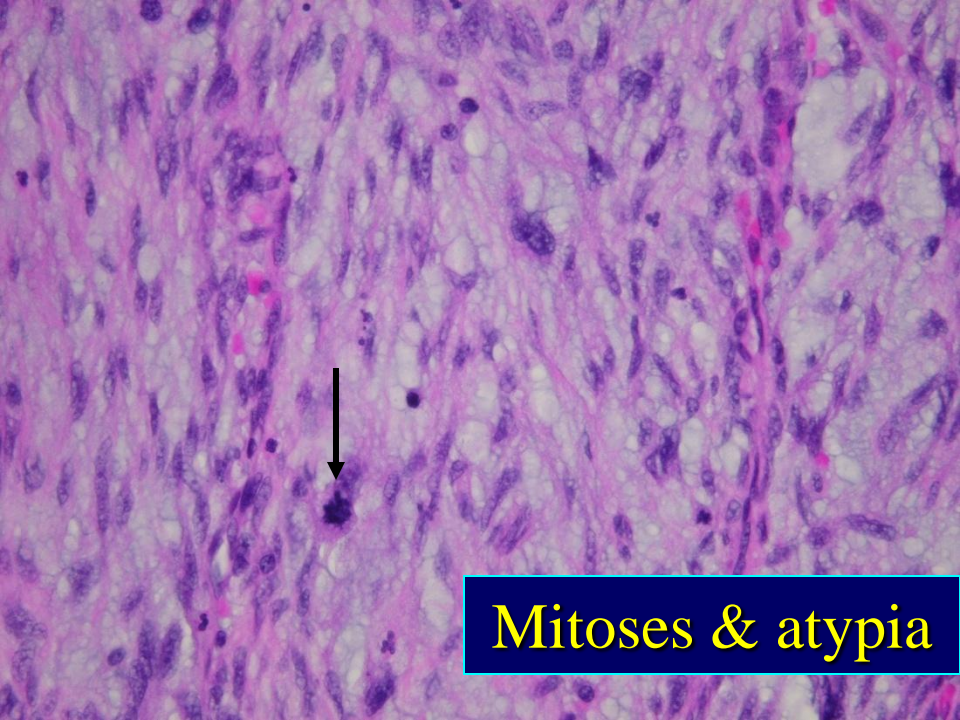
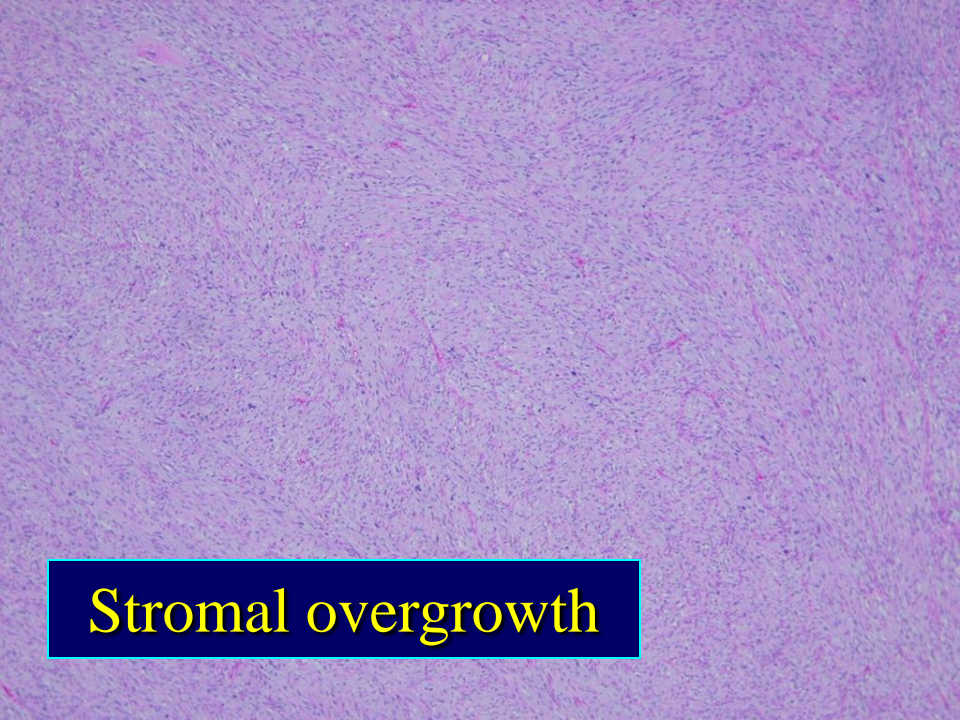
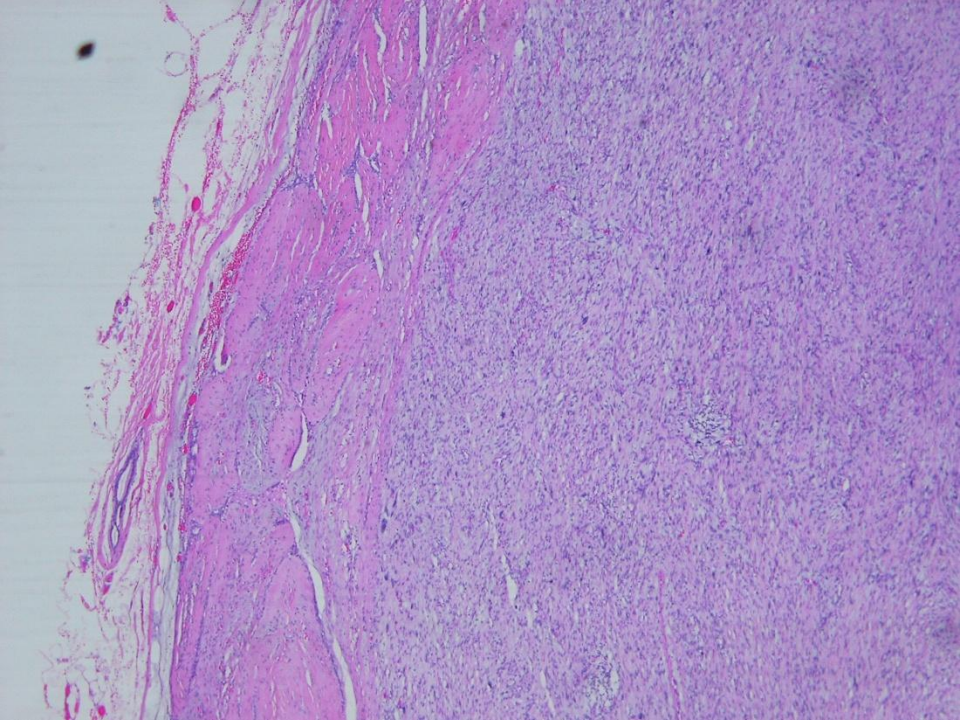
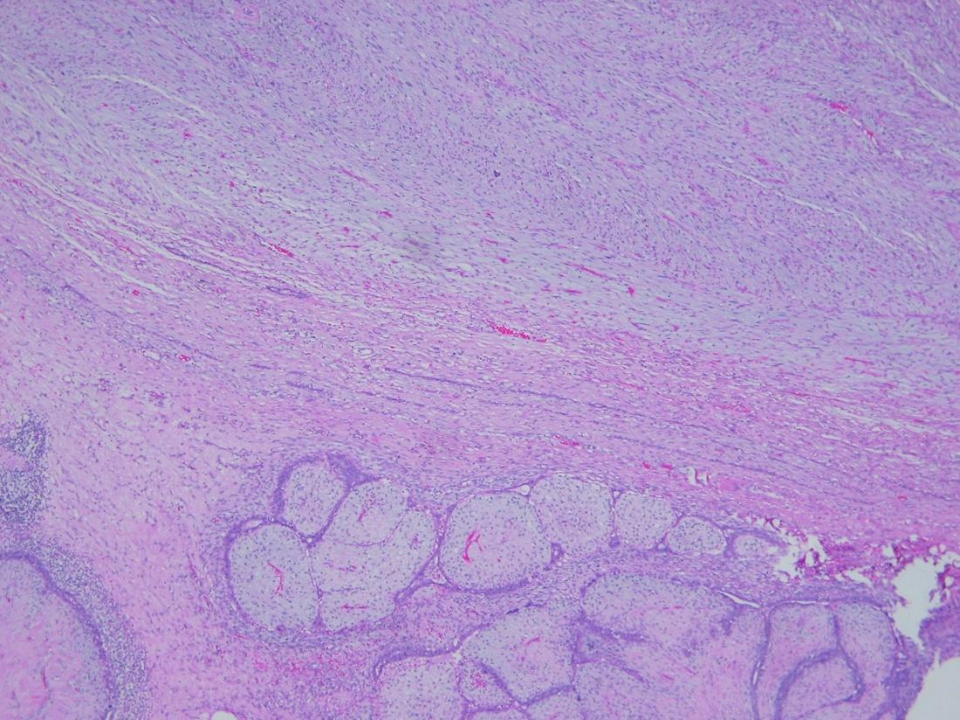
# Excision biopsy





**Excision biopsy**





**Stromal overgrowth**

**Mitoses & atypia**

# Diagnosis

- Phyllodes tumour, malignant
  - Stromal hypercellularity.
  - Stromal mitoses.
  - Stromal atypia.
  - Stromal overgrowth.
  - Permeative borders.

# Phyllodes tumour

- Biphasic fibroepithelial neoplasm.
- Classified into benign, borderline and malignant categories.
- Propensity for local recurrence, with some tumours metastasizing.
- Prediction of recurrence:
  - Histologic grade.
  - Stromal overgrowth.
  - Heterologous elements.
  - Surgical margins.
  - Biological markers.

# Phyllodes tumour & fibroadenoma

- Fibroepithelial neoplasms.
- No specific clinical or radiological features to reliably distinguish the 2 lesions.
- Phyllodes tumours differ from FA based on:
  - Exaggerated intracanalicular/leaf-like pattern (fronds).
  - Hypercellularity (perithelial).
- Origin of phyllodes from periductal stroma.

## *Relationship between phyllodes tumour and fibroadenoma*

- Progression of fibroadenoma to phyllodes tumour demonstrated by clonal analysis. *Cancer* 1995; 76: 1779-85.
- Analysis of the progression of fibroepithelial tumours of the breast by PCR-based clonality assay. *J Pathol* 2002; 197: 575-81.

# Core biopsy approach to fibroepithelial neoplasms

- Currently no recommendation on the number of cores.
- 2 to 3 cores under ultrasound guidance.
- If lesion is large, preferable to undergo excision or mammotome resection.
- Patient advised to return for assessment if lesion enlarges.