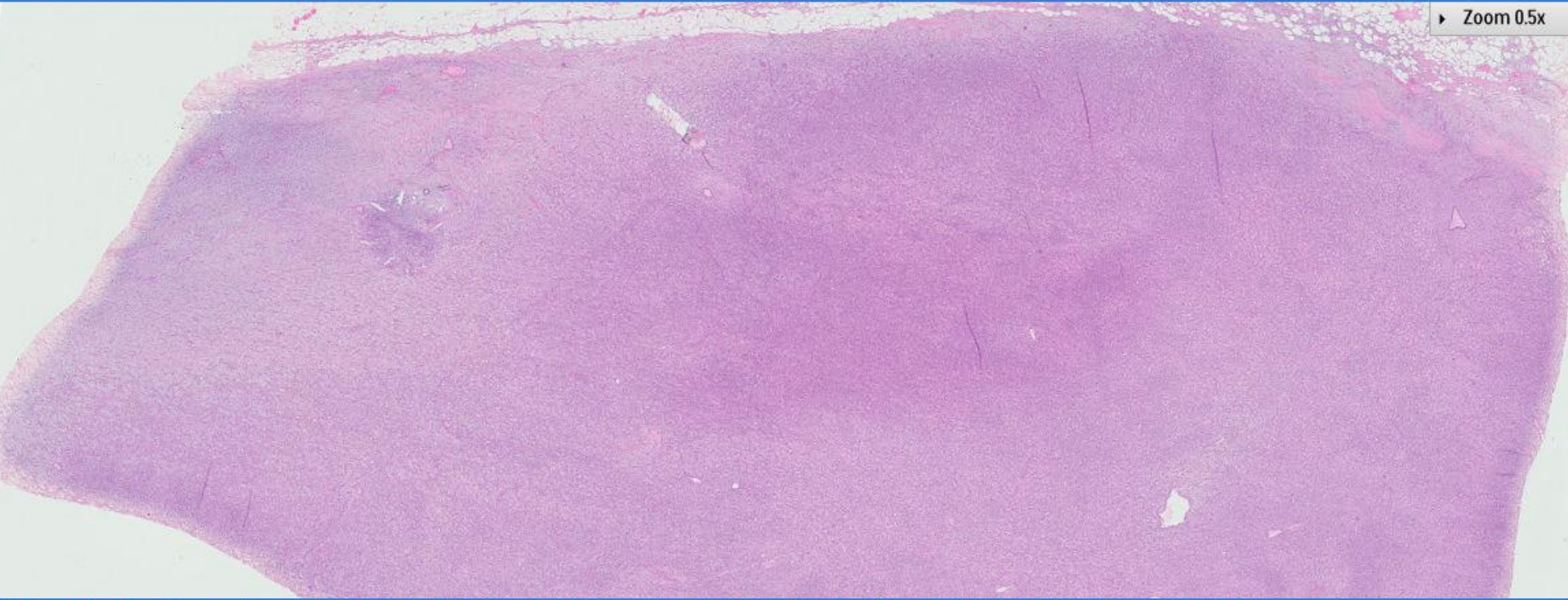


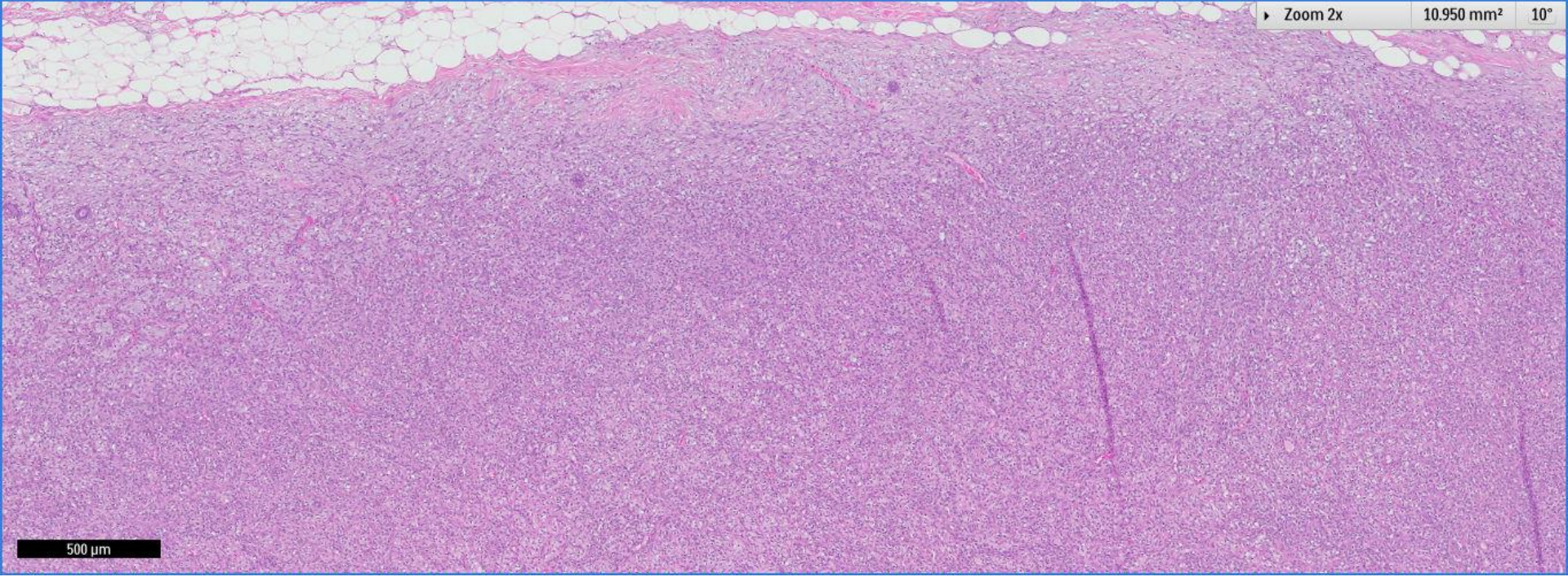
Case 11

44 year old Indian woman presented with a large tumour in the upper outer quadrant of the right breast. An excision was performed.

▶ Zoom 0.5x

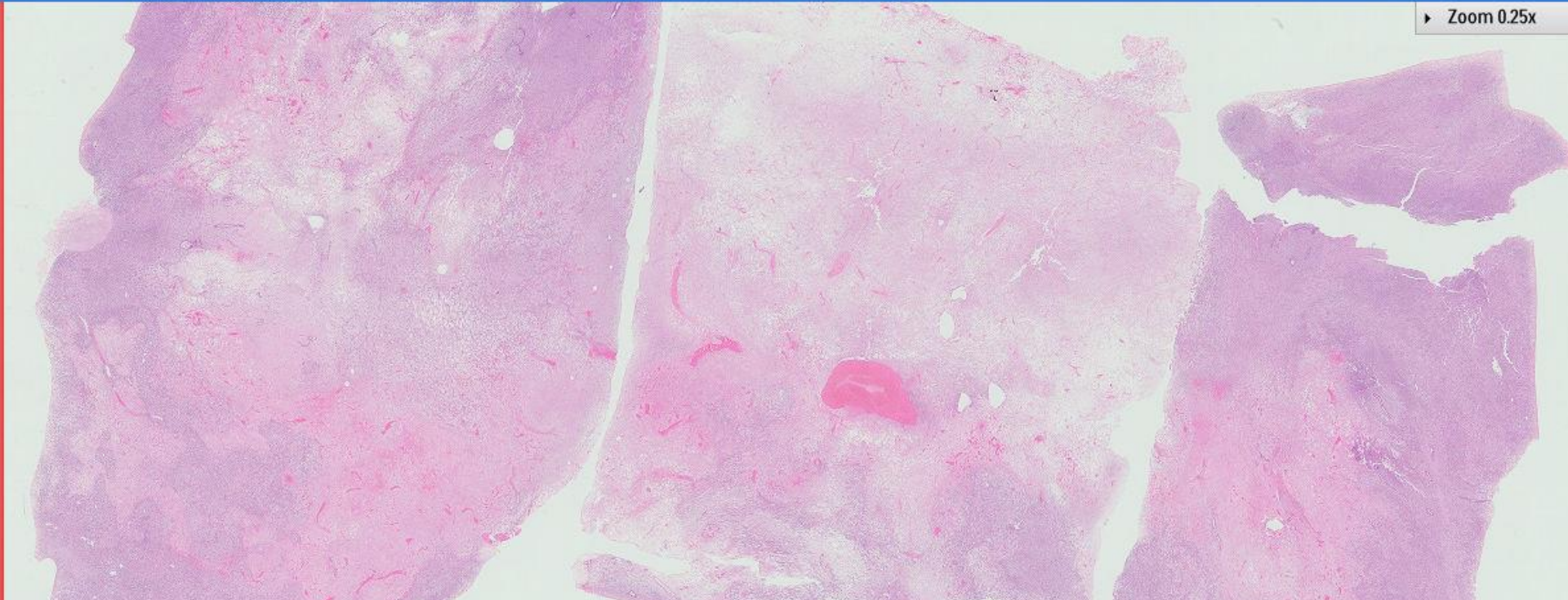


▶ Zoom 2x 10.950 mm² 10°

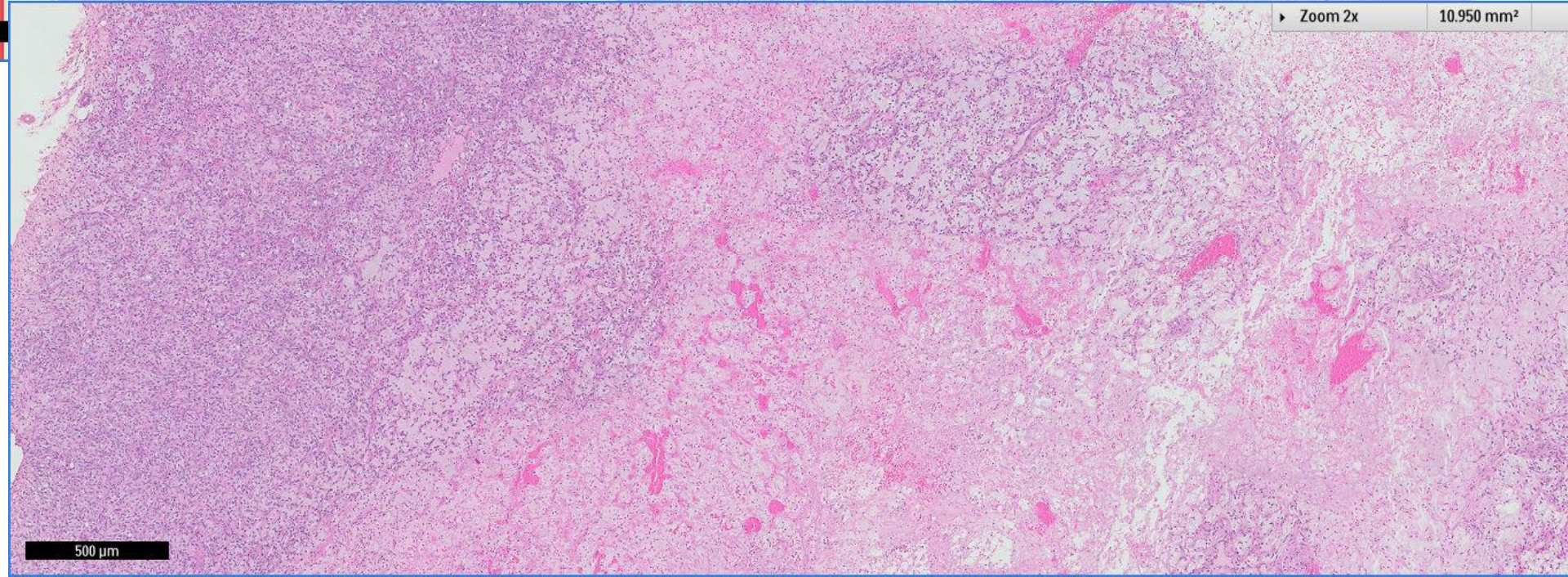


500 μm

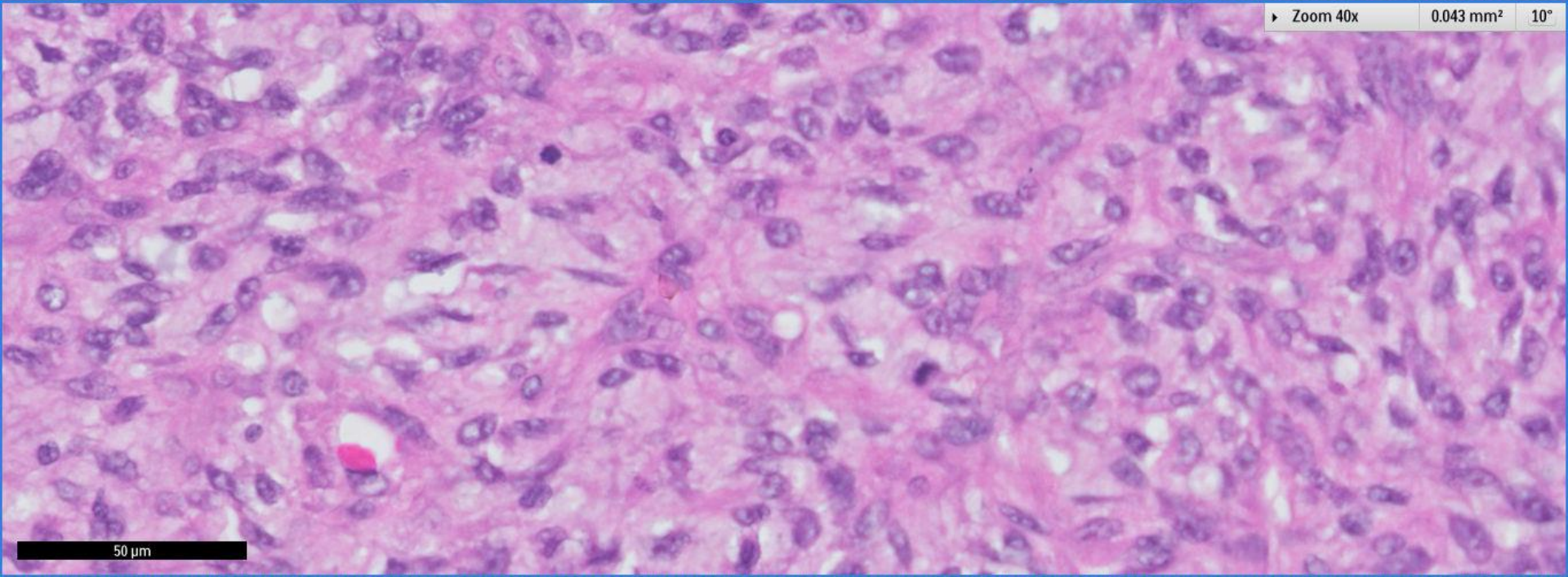
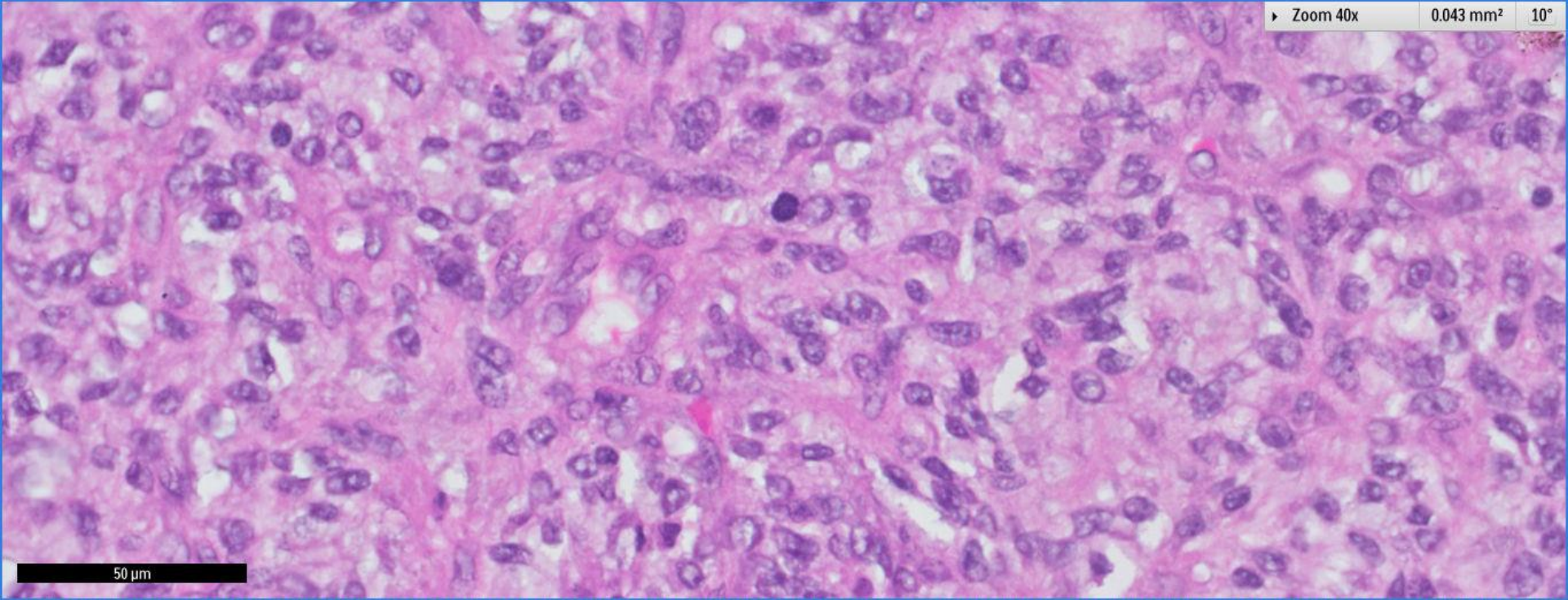
▶ Zoom 0.25x



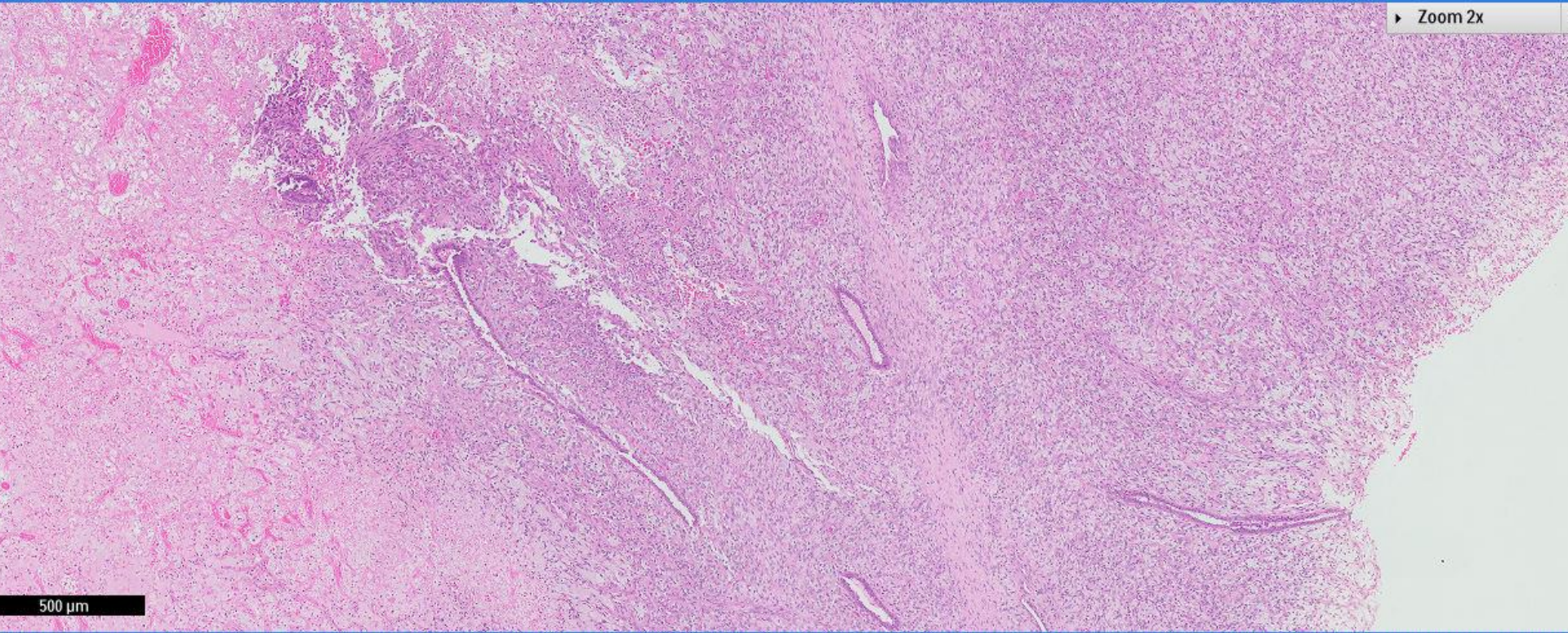
▶ Zoom 2x 10.950 mm²



500 μm

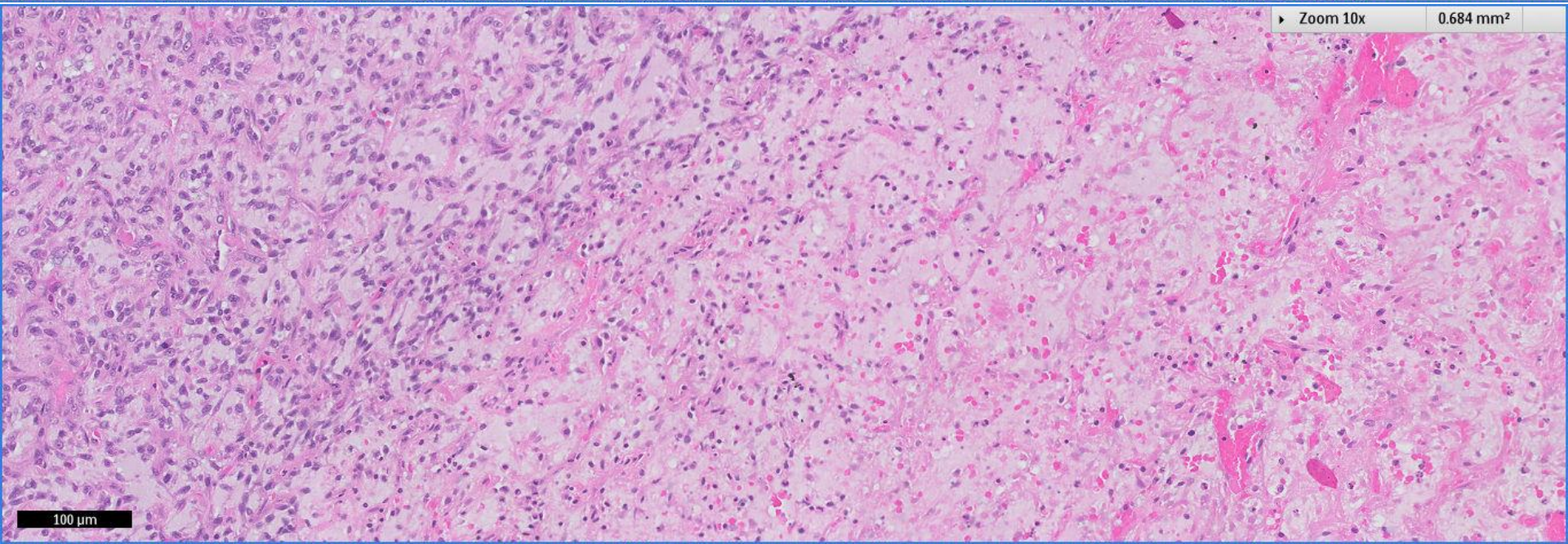


▶ Zoom 2x



500 μ m

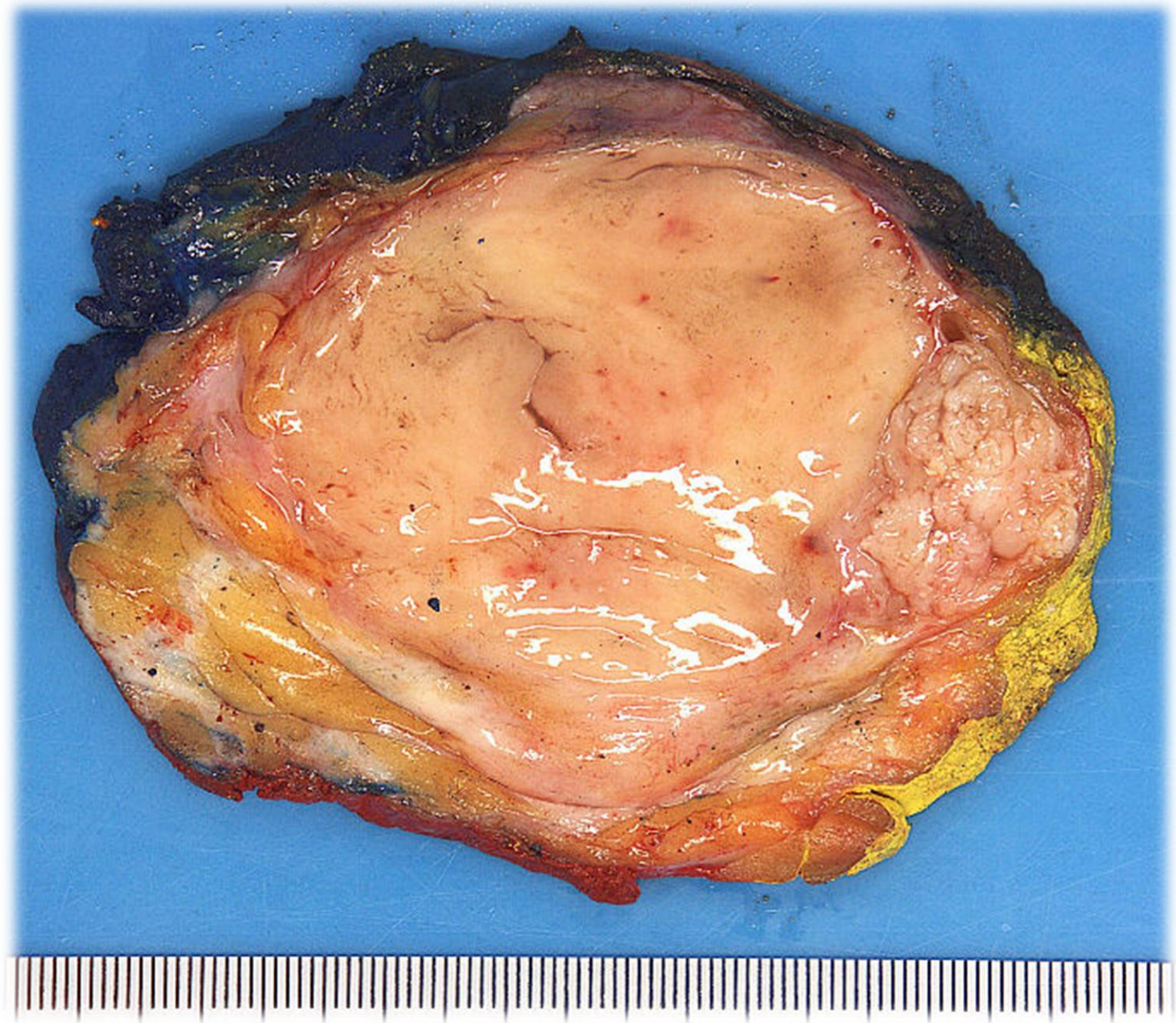
▶ Zoom 10x 0.684 mm²

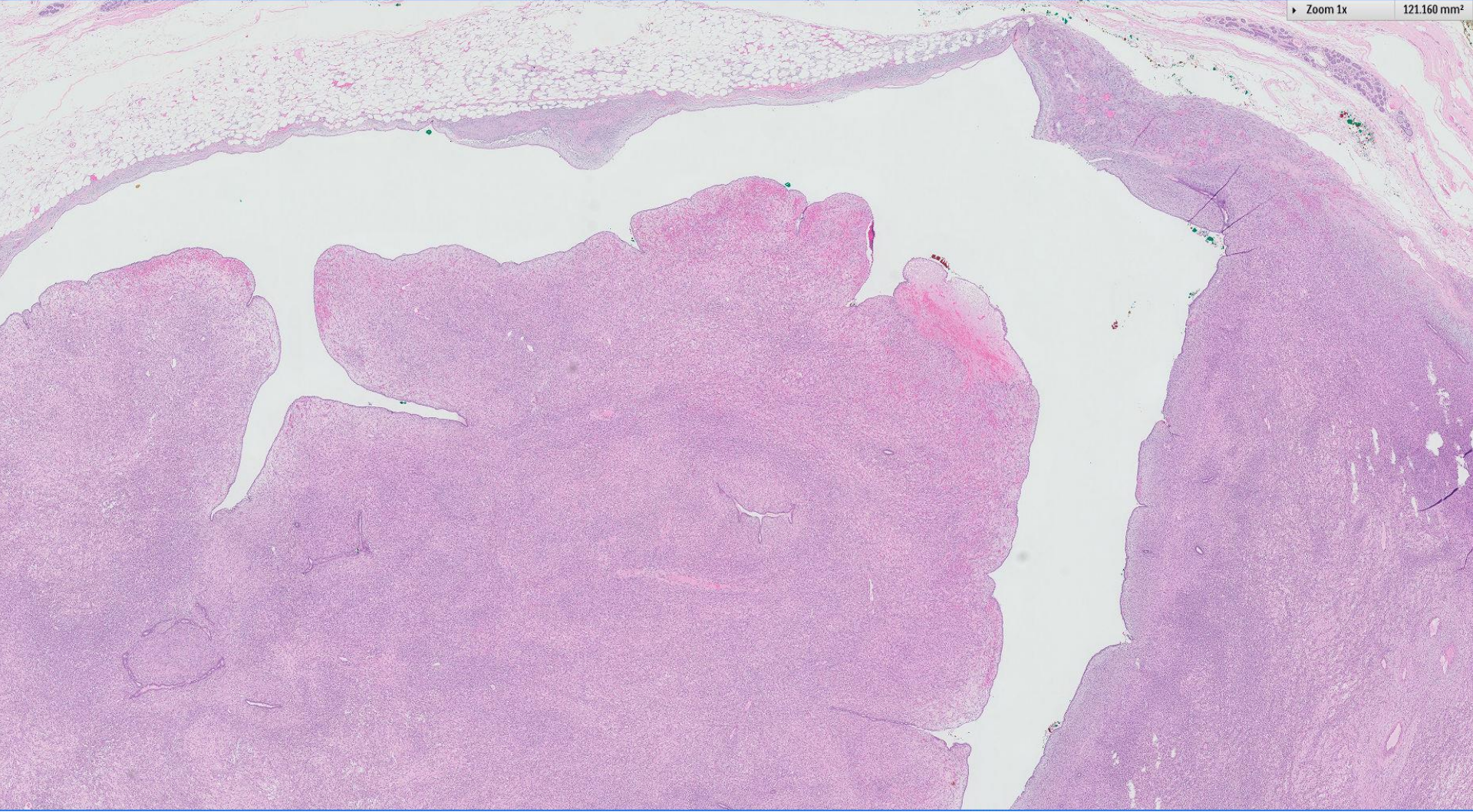


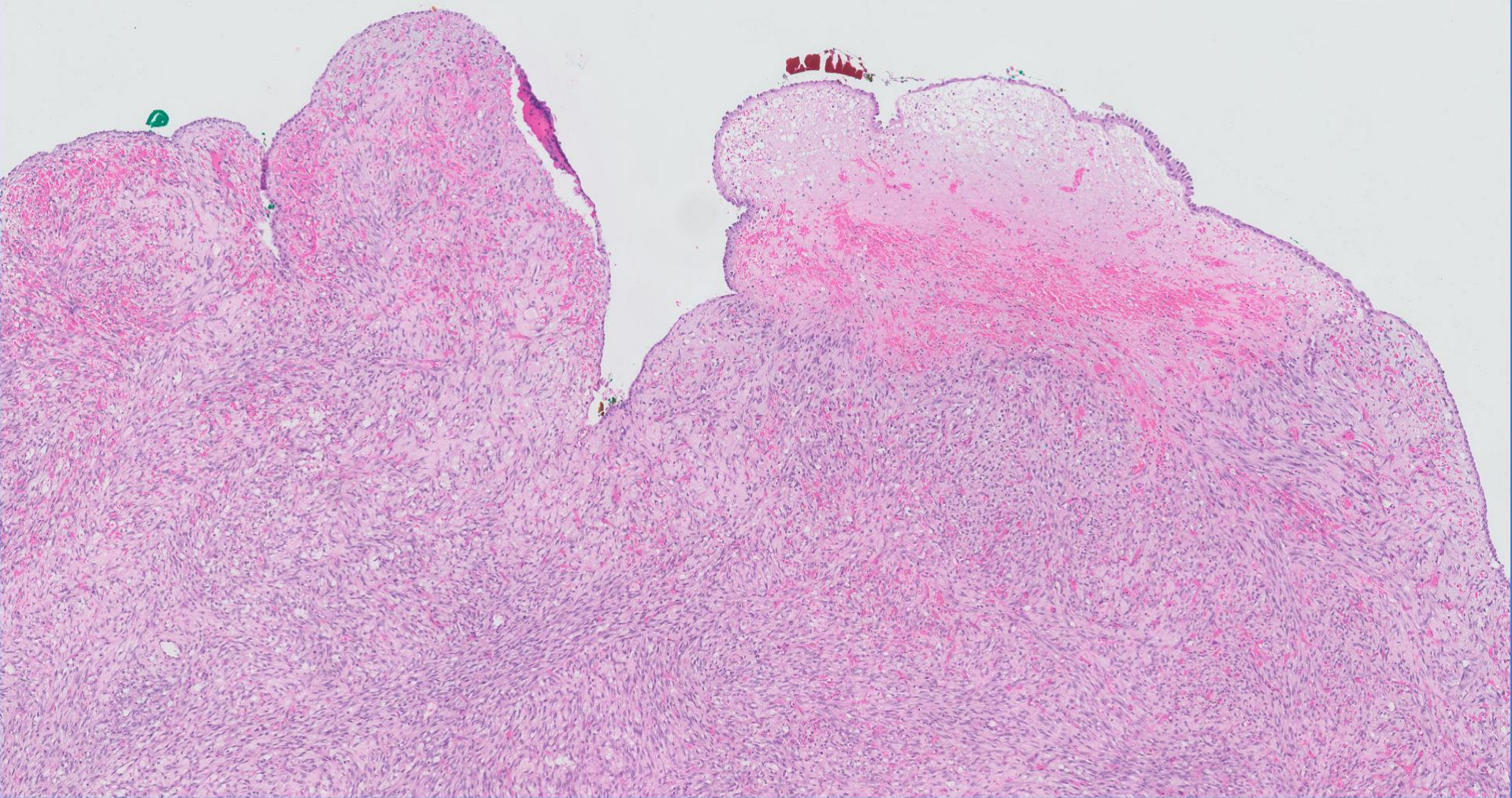
100 μ m

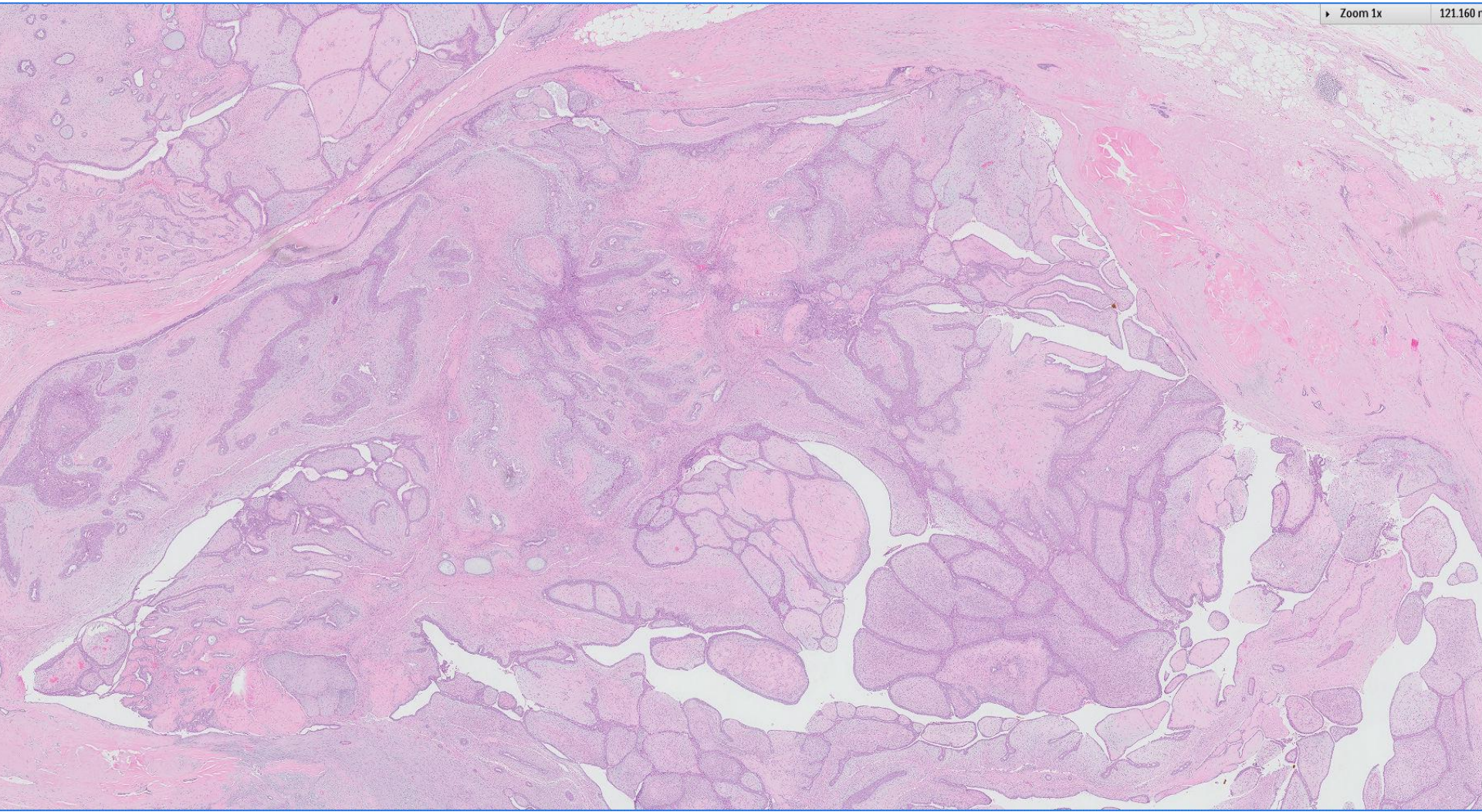
Padang Singapore





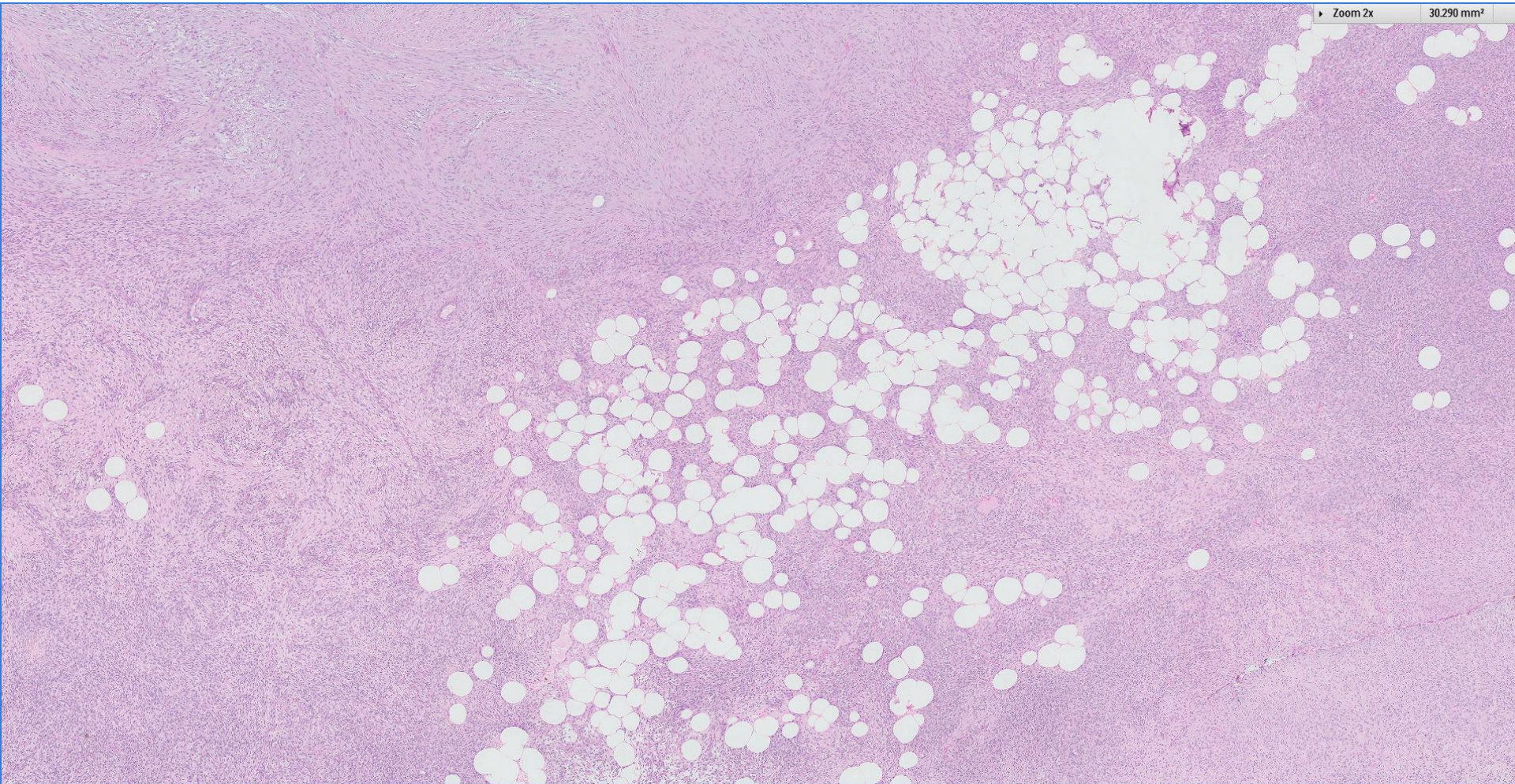


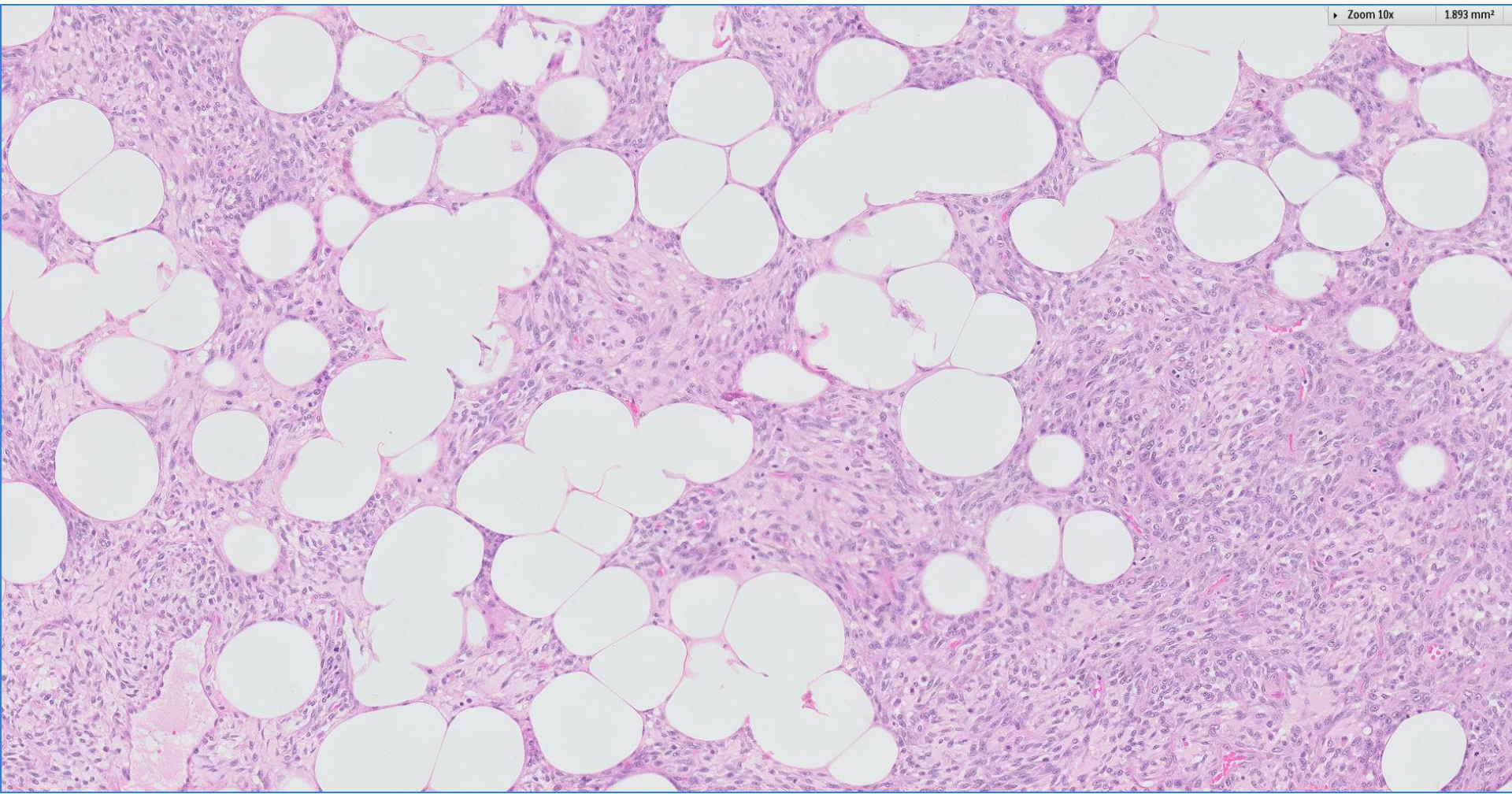


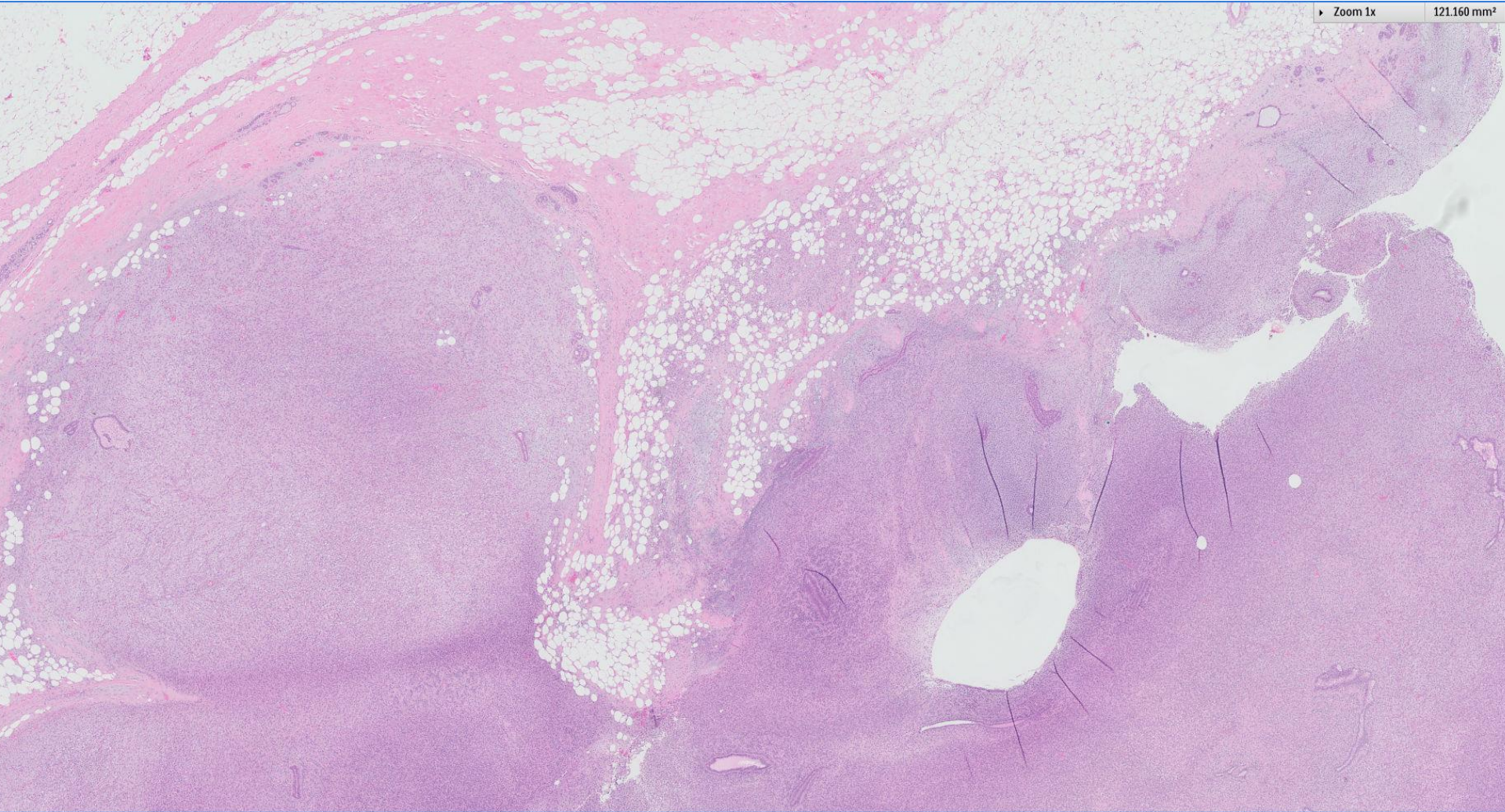


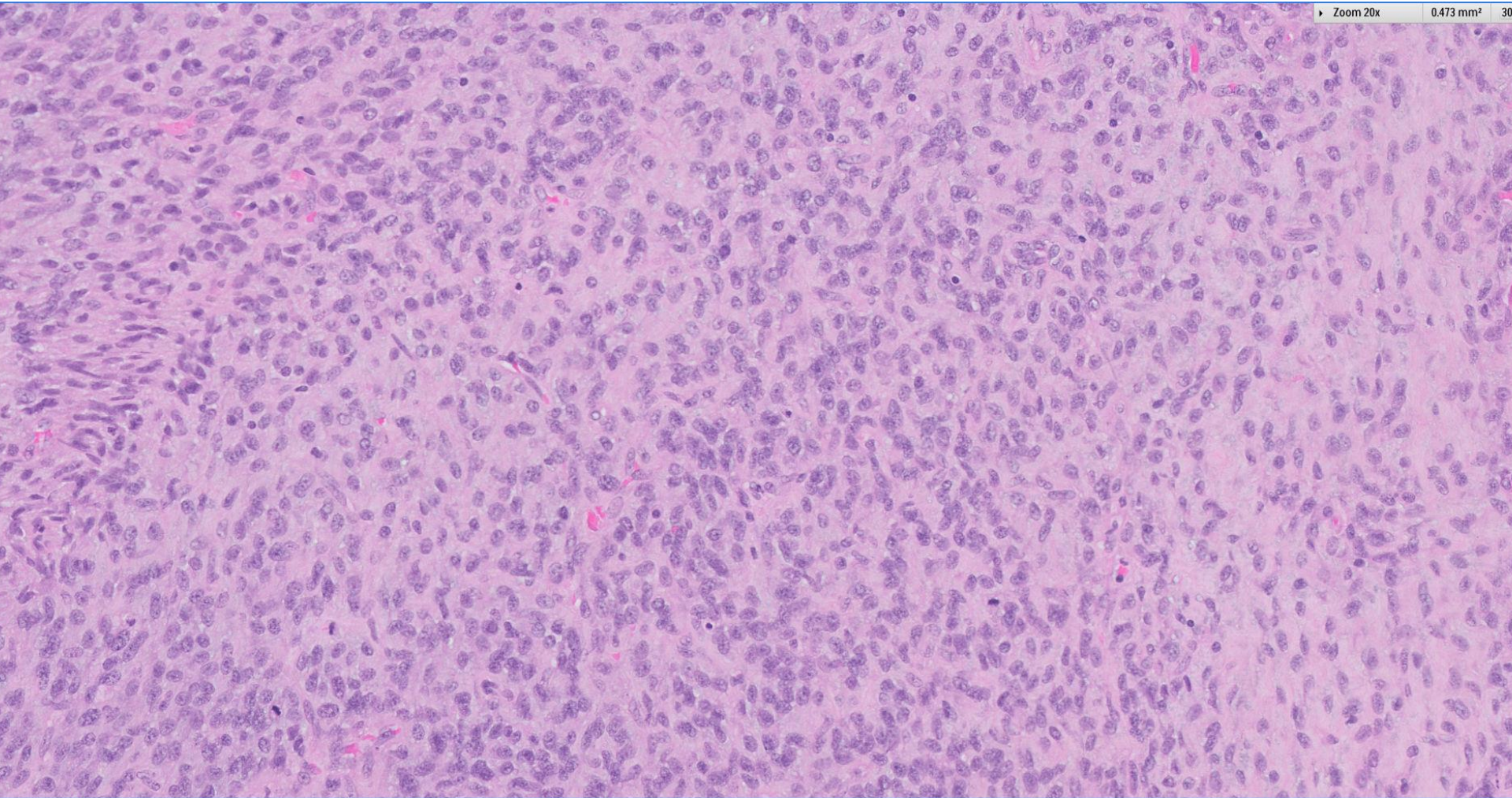
Zoom 2x

30.290 mm²









Diagnosis

Right breast upper outer quadrant tumour ~

Malignant phyllodes tumour, 10cm



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Table 11.01 Histological features of fibroadenoma, benign, borderline and malignant phyllodes tumours

Histological feature	Fibroadenoma	Phyllodes tumour		
		Benign	Borderline	Malignant ^a
Tumour border	Well-defined	Well-defined	Well-defined, may be focally permeative	Permeative
Stromal cellularity	Variable, scanty to uncommonly cellular, usually uniform	Cellular, usually mild, may be non-uniform or diffuse	Cellular, usually moderate, may be non-uniform or diffuse	Cellular, usually marked and diffuse
Stromal atypia	None	Mild or none	Mild or moderate	Marked
Mitotic activity	Usually none, rarely low	Usually few (< 5 per 10 HPF)	Usually frequent (5–9 per 10 HPF)	Usually abundant (≥ 10 per 10 HPF)
Stromal overgrowth	Absent	Absent	Absent, or very focal	Often present
Malignant heterologous elements	Absent	Absent	Absent	May be present
Distribution relative to all breast tumours	Common	Uncommon	Rare	Rare
Relative proportion of all phyllodes tumours	—	60–75%	15–20%	10–20%

HPF, high-power fields.

^a While these features are often observed in combination, they may not always be present simultaneously. Presence of a malignant heterologous element qualifies designation as a malignant phyllodes tumour, without requirement for other histological criteria.



REVIEW

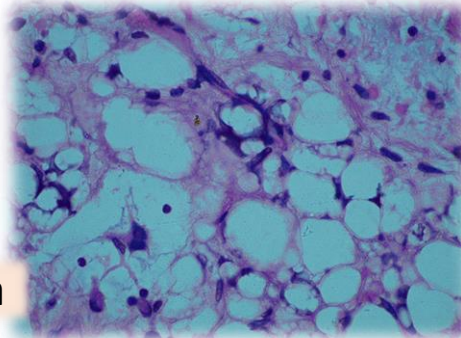
Phyllodes tumours of the breast: a consensus review

Benjamin Y Tan, Geza Acs,¹ Sophia K Apple,² Sunil Badve,³ Ira J Bleiweiss,⁴ Edi Brogi,⁵ José P Calvo,⁶ David J Dabbs,⁷ Ian O Ellis,⁸ Vincenzo Eusebi,⁹ Gelareh Farshid,¹⁰ Stephen B Fox,¹¹ Shu Ichihara,¹² Sunil R Lakhani,¹³ Emad A Rakha,⁸ Jorge S Reis-Filho,⁵ Andrea L Richardson,¹⁴ Aysegul Sahin,¹⁵ Fernando C Schmitt,¹⁶ Stuart J Schnitt,¹⁷ Kalliopi P Siziopikou,¹⁸ Fernando A Soares,¹⁹ Gary M Tse,²⁰ Anne Vincent-Salomon²¹ & Puay Hoon Tan
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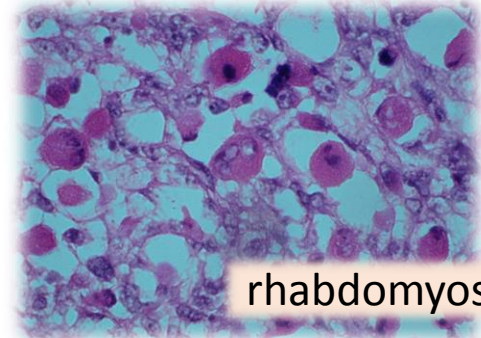
Practical recommendations

- Malignant phyllodes tumours are diagnosed when there are marked stromal hypercellularity, atypia, increased mitoses of $\geq 10/10$ HPFs, permeative tumour borders, and stromal overgrowth. The presence of a malignant heterologous component places the tumour into the malignant category regardless of other histological features.
- A conservative approach can be accorded to benign phyllodes tumours that have been initially enucleated without margins.

liposarcoma



rhabdomyosarcoma



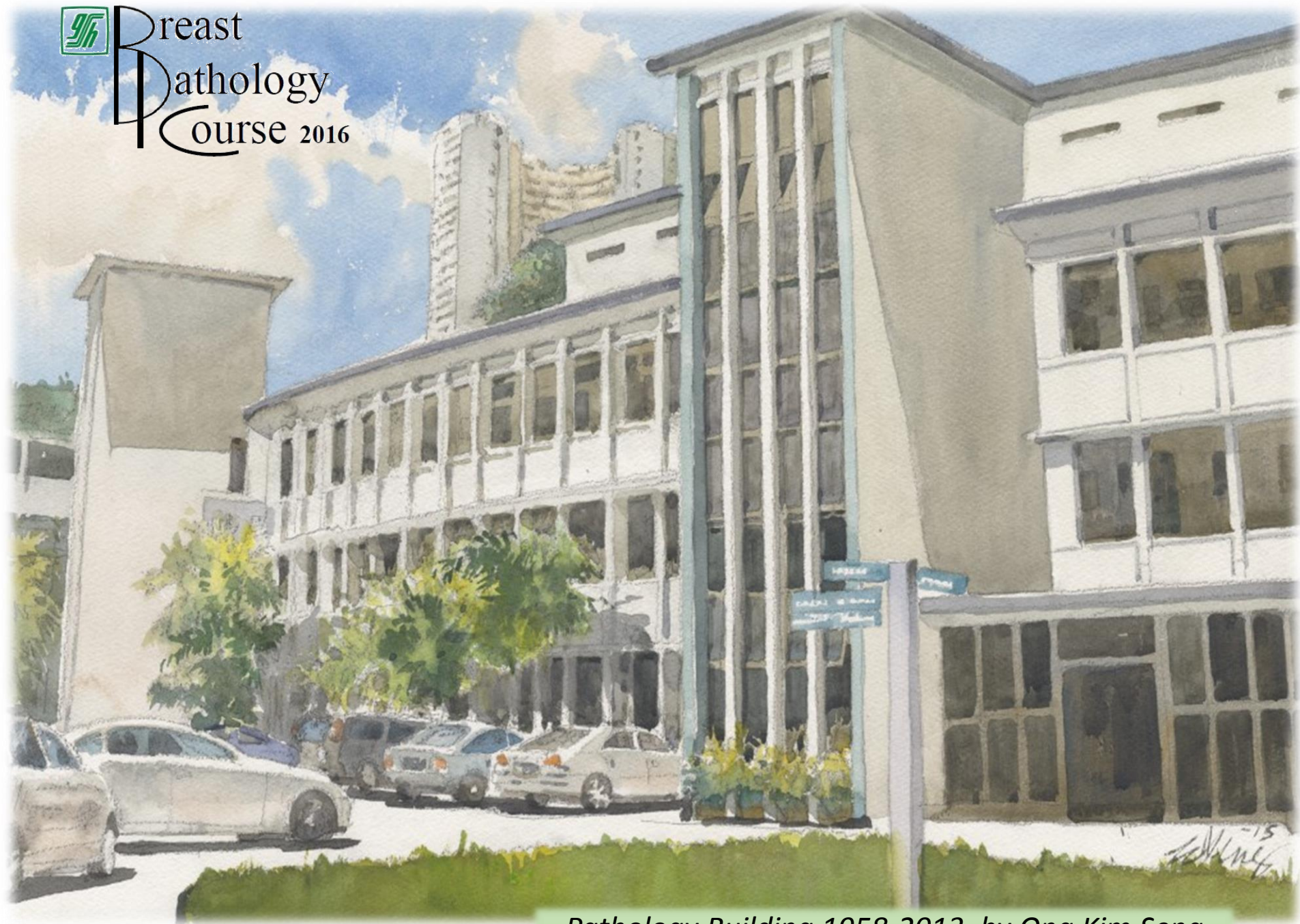
Practical recommendations

- Excision with negative margins should be achieved for recurrent and malignant phyllodes tumours. Most would recommend that borderline tumours should also be completely excised. Although the literature often refers to a margin width of at least 10 mm, a robust evidence base to support this approach is lacking. Therefore an ideal margin width remains to be determined, and may need to be considered in relation to factors such as tumour size and cosmesis.

Practical recommendations

- From a diagnostic and management perspective, it is important to accurately recognize malignant phyllodes tumours, which should be surgically eradicated and effectively treated at diagnosis, as these tumours have a well-established but relatively infrequent risk of metastasis and death.
- The role of adjuvant radiation therapy in borderline and malignant tumours remains to be defined. Routine axillary dissection is not recommended.

 Breast
Pathology
Course 2016



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