

Phyllodes tumor arising in the ectopic breast tissue of axilla- A rare pathology

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Benign and malignant pathology can develop in ectopic axillary breast tissue (accessory breast), such as fibroadenoma, phyllodes tumor and breast cancer. I present a rare case of 21-years old married female with bilateral breast lumps and a swelling in right axilla. On clinical examination, the impression of bilateral fibroadenomas and right sided accessory breast with a round mobile 6x5cm swelling in it, which appears like a giant fibroadenoma. Ultrasonography supported the clinical diagnosis. Case was discussed with the patient and family and excision of bilateral fibroadenoma along with excision of right sided accessory lump was planned. Surgery was carried out under general anaesthesia. Bilateral fibroadenomas were excised by circumareolar incisions and accessory breast was excised through an elliptical incision. Histopathology was sent which later revealed that the mobile mass in right accessory breast was composed of epithelial component forming ducts and in areas forming leaf like configuration. Stroma showing mild to moderate increase in cellularity. Focal areas showing fibroblastic proliferation and foreign body type giant cells. The overlying skin show unremarkable epidermis and dermis. The above mentioned findings were suggestive of a benign phyllodes tumor in right accessory breast.

Phyllodes tumor in ectopic breast tissue is an extremely rare occurrence. Only nine cases have been reported, including tumors of vulva, inguinal region and axilla. This is the third case in the axillary region.

KEY WORDS:

Axillary ectopic breast, Phyllodes tumor, Accessory breast

INTRODUCTION:

Benign and malignant pathology can develop in ectopic axillary breast tissue (accessory breast) such as fibroadenoma and very rarely phyllodes and breast cancer. Phyllodes tumors are fibroepithelial tumor composed of an epithelial and a cellular stromal component. They may be considered benign, borderline or malignant depending on histologic features including stromal cellularity, infiltration at the tumor's edge and mitotic activity.

Phyllodes tumors tend to grow quickly, but they rarely spread outside the breast. Phyllodes tumors are rarely rare in men.

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Around 20% of phyllodes tumors exceed 10cm in diameter. This type of tumor is not usually painful.

They are most common in women in their 30s and 40s, although women of any age can be affected. These are painless tumors which tend to grow quickly.

CASE REPORT:

A 21-year-old married female primiparous with one pregnancy and one vaginal delivery, with positive breastfeeding for 1 year after birth. She has not used hormone contraception; body mass index was 19.3kg/m², came in surgical outpatient department with complain of a swelling in her right axilla for five years. The swelling gradually increased in size over the period of time and now started causing dragging pain. She also complained of having lumps in bilateral breasts for 2 years.

On physical examination, there was the presence of ectopic axillary breast tissue on right side with a volume of 8 × 8 cm, with palpable lumps in the patient's mammary glands and in the ectopic tissue in right axilla. The lump in right axillary ectopic breast tissue was 7x5cm, circular, firm in consistency and mobile. The swelling in right breast was 3x3cm in size at 11 O'clock position, mobile and firm in consistency. The swelling in left breast was 3x2 cm at 5 O'clock position, mobile and firm in consistency.

Ultrasound showed hypoechoic nodule in right axillary ectopic tissue measuring 7x5 cm was identified, with indistinct microlobular margins and without vascularity identified by Doppler.

HOSPITAL CARE:

Patient underwent to complete excision of right axillary ectopic breast by an elliptical incision. Whole of the mass removed in toto along with a lump in it. Closure was done in layers. Bilateral breast lumps were excised separately through circumareolar incision on each side. Tissues were sent for histopathology.

PATHOLOGY:

The sections from right axillary tissue reveal circumscribed lesion composed of epithelial component forming ducts and in areas forming leaf like configuration. Stroma showing mild to moderate

giant cells. Section from skin show unremarkable epidermis and dermis. In areas stroma shows lymphoid aggregates. Findings are consistent with benign Phyllodes tumor.

Accessory breast in axilla:



Histopathology #1



Histopathology #2



DISCUSSION:

Asymptomatic cases with phyllodes tumor of the breast is uncommon, and those that grow from ectopic breast tissue are extremely rare. Wherever the localization of ectopic breast tissue (axillary, inframammary, crude, and vulvar), it could develop any benign and/or malignant disease. There are few cases of fibroepithelial neoplasm localized in axilla, such as fibroadenomas or less commonly phyllodes tumors. Diagnosis should be performed with core-needle biopsy, and treatment with surgical excision with wide margins is mandatory.

To classify benign, borderline, or malignant phyllodes tumor, the pathologist needs to analyze the whole surgical specimen. Non-palpable mammary lesions could be submitted to needle-guided excisional biopsy with intraoperative evaluation of the surgical specimen, as well as the three-dimensional margins to ensure wide margins. Very small phyllodes tumors are reported in fewer than 10% but, in geographical settings with breast cancer screening programs, these could increase to 31%.

The main differential diagnosis is fibroadenoma which is especially difficult on core biopsies. Parameters favoring phyllodes tumor diagnosis included increased stromal cellularity, pleomorphism, stromal overgrowth, and presence of mitoses. As in our case phyllodes tumor with infiltrating borders must be differentiated from

periductal stromal sarcoma; the main histologic features are that the last one lacks a leaflike growth pattern and is composed of multiple nodules separated by non-neoplastic tissue. Immunohistochemistry stains have limited value in differential diagnosis of fibroepithelial neoplasms; despite the research efforts, morphology remains the gold standard for the diagnosis of these tumors.

However, in this patient we haven't performed trucut biopsy because she had multiple lumps. Complete excision with wide clear margins remains the mainstay of treatment.

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