

Phyllodes Tumor Arising In The Ectopic Breast Tissue Of Axilla- A Rare Pathology

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Abstract:

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.

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. Asymptomatic cases with phyllodes tumor of the breast is phenomenal, and those that develop from ectopic breast tissue are incredibly uncommon. Any place the limitation of ectopic breast tissue (axillary, inframammary, areolar, and vulvar), it could build up any kind or potentially dangerous infection. There are barely any instances of fibroepithelial neoplasm restricted in axilla, for example, fibroadenomas or less usually phyllodes tumors. Conclusion: ought to be performed with center needle biopsy, and treatment with careful extraction with wide edges is obligatory.

To group generous, fringe, or threatening phyllodes tumor, the pathologist needs to break down the entire careful example. Nonpalpable mammary injuries could be submitted to needle guided excisional biopsy with intraoperative assessment of the careful example, just as the three-dimensional edges to guarantee wide edges. Small phyllodes tumors are accounted for in less than 10% yet, in geological settings with breast disease screening programs, these could increment to 31%. At our establishment, asymptomatic phyllodes tumors were recorded in 8.1% (25/307 cases) during a 10-year time span,

and just one case was confined in axillary tissue (0.3%).

The primary differential finding is fibroadenoma which is particularly troublesome on center biopsies. Boundaries preferring phyllodes tumor conclusion included expanded stromal cellularity, pleomorphism, stromal excess, and presence of mitoses. As for our situation phyllodes tumor with penetrating outskirts must be separated from periductal stromal sarcoma; the primary histologic highlights is that the last one does not have a leaf-like development design and is made out of numerous knobs isolated by nonneoplastic tissue. Immunohistochemistry stains have restricted an incentive in differential conclusion of fibroepithelial neoplasms; regardless of the exploration endeavors, morphology remains the best quality level for the finding of these tumors.

In any case, even this phyllodes tumor was in exceptional confinement; analysis and treatment are like those in other nonpalpable phyllodes tumors in ordinary mammary organ.

Biography:

Dr. Rabbia Zubair has completed FCPS in General Surgery at the age of 30 years from College of Physicians and Surgeons Pakistan. She works as an Assistant Professor of Surgery at Hamdard University Hospital as a full time faculty. She has published 5 articles in reputed journals and has special interest in Breast surgeries.

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