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Case Report: Metastatic Phyllodes tumor

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INTRODUCTION

Breast cancer accounts for the most frequently diagnosed malignancy and the second-highest number of cancer-related deaths in women. Although the most common types of breast cancer are epithelial tumors of the ducts of lobular units, other types exist which affect mortality significantly. Another subtype category is the family of fibroepithelial tumors, which include fibroadenomas most commonly and phyllodes tumors. In 1981 the World Health Organization adopted the term phyllodes tumour and sub-classified them histologically as benign, borderline, or malignant according to the features such as tumour margins, stromal overgrowth, tumour necrosis, cellular atypia, and number of mitosis per high power field as described by Rosen in Rosen's Breast Pathology, Lippincott. Reports suggest that approximately 85–90% of phyllodes tumours are benign and 10–15% were malignant [1]. This tumor tends to occur in middle-aged women as a firm, mobile, palpable lump which may grow rapidly and has a good prognosis when treated with wide-local excision. However, a malignant subtype exists. Phyllodes tumor may be difficult to differentiate from a benign fibroadenoma. Correct and early diagnosis can affect prognosis significantly. This report describes

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