



Coexistence of malignant phyllodes tumor and her2-positive locally advanced breast cancer in distinct breasts: A case report



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ABSTRACT

INTRODUCTION: Phyllodes tumor of the breast is a rare biphasic neoplasm, accounting for less than 1% of all breast tumors. Coexistence of phyllodes tumor and breast cancer in distinct breasts is extremely rare.

CASE PRESENTATION: A 47-year-old Japanese woman presented with bilateral breast lumps. A HER2-positive, unresectable invasive carcinoma in the right breast and fibroadenoma in the left were diagnosed via core needle biopsy. During chemotherapy with anti-HER2 therapy, the breast cancer shrank quickly, while the left breast lump suddenly enlarged. Under a diagnosis of malignant neoplasm of the breast, left mastectomy was performed. Malignant phyllodes tumor was diagnosed by postoperative histological examination and recurred in multiple areas as early as 2 months after surgery.

DISCUSSION: Only 10 cases of coexisting phyllodes tumor and breast cancer in distinct breasts have been reported in the English literature. Phyllodes tumor associated with breast cancer in distinct breasts tends to be malignant. This is the first case of phyllodes tumor rapidly enlarging during anti-HER2 chemotherapy for locally advanced HER2-positive breast cancer.

CONCLUSION: Even during effective treatment of advanced or recurrent breast cancer, attention should also be paid to the contralateral breast for the possible association of a second malignancy such as phyllodes tumor.

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1. Introduction

Phyllodes tumor of the breast (PT) is a rare biphasic neoplasm composed of epithelial and stromal elements, and accounts for less than 1% of all breast tumors [1]. Although even more uncommon, breast cancer (BC) can occur associated with PT: inside or outside of the PT; synchronously or metachronously; in the same breast or in distinct breasts [2–5]. We report here an extremely rare case of the synchronous coexistence of malignant PT and HER2-positive locally advanced BC in distinct breasts.

2. Case presentation

A 47-year-old Japanese woman, who had no notable past medical and familial history, presented with bilateral breast lumps: a 13 cm mass with skin ulceration in the right breast and a 5.5 cm, lobulated mass with a smooth surface in the left. Mammogram of the left side revealed a lobulated mass with a smooth surface in the



Fig. 1. Mammogram of the left breast. A lobulated mass with a smooth surface could be seen. Mammogram of the right breast was not performed due to the presence of a huge mass and skin ulceration.

Abbreviations: PT, phyllodes tumor; BC, breast cancer; FA, fibroadenoma.

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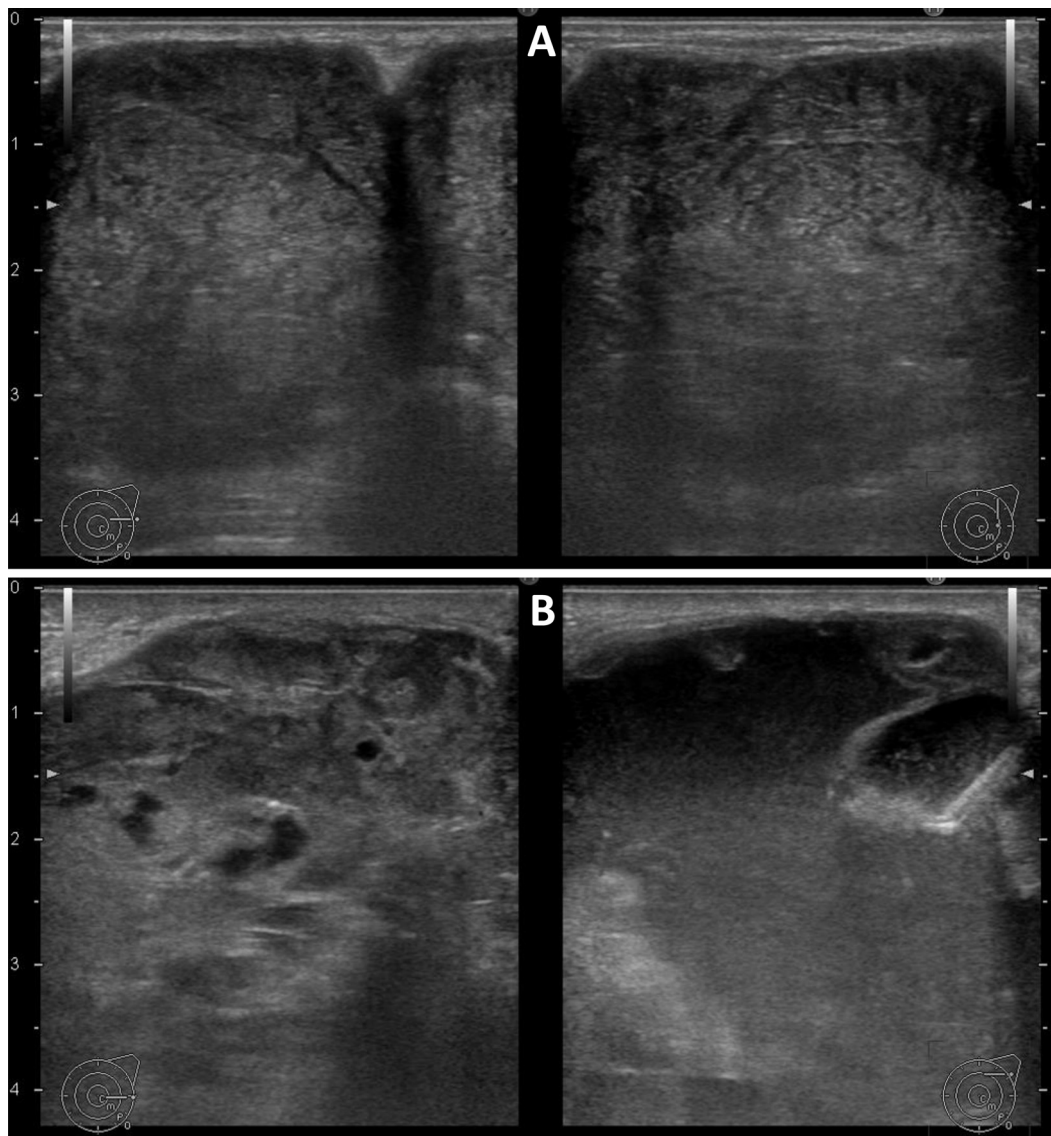


Fig. 2. Ultrasonography of the left breast at first presentation (A) and after 3 months of anti-HER2 chemotherapy (B). A well-defined, low-echoic mass with a homogeneous intratumoral echoic pattern could be seen at first presentation (A). After 3 months of anti-HER2 chemotherapy, the mass suddenly enlarged and contained fluid, potentially suggesting intratumoral hemorrhage (B).

upper outer quadrant of the left breast (Fig. 1), but no mammogram of the right side was performed due to the presence of a huge mass with skin ulceration. Ultrasonography of the left breast revealed a well-defined, low-echoic mass with a homogeneous intratumoral echoic pattern, suggesting a benign tumor (Fig. 2A). On the right, there were massive axillary lymph node metastases. HER2-positive invasive carcinoma in the right breast and fibroadenoma (FA) rather than PT in the left were diagnosed by core needle biopsy (Fig. 3). Because the BC in the right breast was unresectable, anti-HER2 therapy with docetaxel, trastuzumab and pertuzumab was initiated. After 3 months, the BC had shrunk markedly and finally disappeared on physical examination and CT, while the mass in the left breast enlarged suddenly (Figs. 2 and 4). Repeated core needle biopsy of the left breast revealed a malignant neoplasm, such as sarcoma, malignant PT or metaplastic carcinoma; therefore, left mastectomy and axillary lymph node sampling were performed. A frozen section of the sampled lymph nodes revealed metastases of adenocarcinoma cells, and left axillary lymphadenectomy was performed. The mass was $100 \times 90 \times 70$ mm with massive hemorrhagic necrosis (Fig. 5). Histologically, the mass was composed of

dense atypical spindled mesenchymal cells with numerous mitoses (50 mitoses/10 high-power fields, Fig. 6). Benign PT was also observed next to the malignant component (Fig. 6), and malignant PT was diagnosed. The lymph node metastases were poorly differentiated adenocarcinoma with positive staining for HER2, and therefore metastasis from the contralateral BC was diagnosed. Two months after the operation, multiple lung and liver metastases occurred. Computed tomography-guided core needle lung biopsy revealed PT metastasis. Subsequently, the patient preferred palliative care rather than cytotoxic chemotherapy. She died 9 months after the operation.

3. Discussion

Phyllodes tumor is a rare biphasic, fibroepithelial neoplasm, which is sub-classified into benign, borderline and malignant types, based on the following features: degree of stromal cellular atypia, mitotic activity, presence or absence of stromal overgrowth, and infiltrative or circumscribed tumor margin [1]. Most PTs are benign

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