

**Phyllodes tumors of the breast**

They are benign tumors usually occurs in female > 40 years but can appear in younger age.

They present as large and sometimes massive tumor with evenly bosselated surface. They are firm, seldom painful, well circumscribed and mobile mass. Ulceration of the overlying skin may occur due to pressure necrosis.

Histologically, they have wide variation in their appearance with some of low malignant potential resembling fibroadenoma and others with high mitotic figure. So, phyllodes tumors are most often diagnosed after biopsy of breast mass presumed to be fibroadenoma. Even with mammography or sonography, differentiating fibroadenoma from phyllodes tumor is challenging. Most occur in the upper outer quadrant. The nipple areola complex is rarely involved, although 4% of phyllodes tumors are central and the patient may present with bloody nipple discharge or nipple retraction. Few cases have been reported in men and these are associated with gynaecomastia. Despite being named cytosarcoma phyllodes, they are rarely cystic and very rarely sarcomatous, which if occur may metastasize via blood stream.

**Treatment**

The primary goal of treatment is to achieve wide negative margins and so, most can be treated by excision with a rim of at least 1 cm margin of uninvolved tissue, or simple enucleation can be done as it is circumscribed.

**If the tumor is:**

1. massive (difficult to achieve 1 cm margin without markedly deforming the breast)
2. repeated local recurrence despite adequate margins
3. malignant type (high mitotic figure)

If any one of these above 3 points is present, mastectomy is indicated.

Because these tumors do not metastasize via lymphatic drainage, removal of the axillary or other regional lymph nodes is not indicated unless they are clearly involved with tumor.

***When the diagnosis of carcinoma is in doubt***

If there is doubt on either clinical, cytological or radio-logical examination it is essential to obtain a tissue diagnosis. This is often possible by needle biopsy. In the advent of a negative result, open biopsy of the mass is necessary.

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