Phyllodes Tumor

- Rare fibroepithelial breast lesion
- Clinically mimics fibroadenoma
  - Some fibroadenomas may develop into Phyllodes tumors (controversial)
  - Like fibroadenomas, arise from intralobular stroma
- Presenting features:
  - Palpable breast mass
  - Solitary
  - Well-defined
  - Mobile
  - Painless
- Can occur at any age, mostly present in 6th decade (10-20 yrs later than fibroadenoma)

- Both benign and malignant variants (malignant is less common)
- Malignant Phyllodes
  - Mets to lungs via hematogenous route most common
- Local recurrence common (15-20%)
  - Correlated with width of excision margins
  - Often recur with higher grade
Phyllodes Tumor

• Histology
  – Classified as low, intermediate, or high grade on basis of five criteria:
    • Stromal cellularity
    • Stromal atypia
    • Microscopic appearance of tumor margin (infiltrating, effacing, bulging)
    • Mitoses per 10 high-power fields
    • Size of tumor

• Diagnosis
  – Tissue biopsy

• Treatment
  – Excision with 1cm margins
  – Reexcision if adequate margin not obtained (decreases risk of recurrence)
  – Simple mastectomy if tumor burden large
  – Axillary node dissection not indicated