

A CASE REPORT ON PHYLLODE TUMOUR IN SECOND DECADE EPILEPTICS**Manashwini Jageer*, I. Saiteja¹, R. Vidya, ²Tabassum and ³D. Shravya⁴**

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ABSTRACT

Breast tissues are glandular, ductal stroma which is respond to ovarian hormones, phyllode are the rare type of breast tumors which include a group of lesions of varying malignant potential which grow rapidly within a period of weeks or months to a size up to 10cm and not usually painful. Phyllode are classified as benign, borderline and malignant on the basis of tumor margins.^[1] Clinically, tumors are smooth, rounded and multinodular with or without skin ulceration. These tumors are more tend to affect the aged women of 35-55 years. The recurrent rates are 2.7% for benign and 33% for malignant in adolescent, 20% benign and 7% malignant in adult according to Briggs et al.^[2] We report a case of 19 years old mentally retarded female patient admitted in our surgical ward with complaints of swelling of the right breast since 15days which gradually increases in size in last 5 days. Physical examination reveals that the breast is associated with blackish discoloration and lump measuring 14x10cm. Interestingly she has a history of no menarche and a known case of epilepsy and had been taking anticonvulsants. Patient was diagnosed with Right breast phyllode by high resolution ultra-sonography of both breast and axilla.

KEYWORDS: Phyllode, rare, 35-55 years, epilepsy, menarche.**INTRODUCTION**

Phyllode of the breast is composite fibro-epithelial tumors whose prognosis is ruled by the degree of malignancy. These are the rare fibro epithelial neoplasm, accounting for 0.3% to 1% of all breast tumors.^[3] Phyllode tumors are biphasic tumors, histologically characterized by a leaf like architecture resulting from enhanced intracanalicular growth pattern.^[4] Morphologically, grossly-tumor is large with 10-15cm in diameter and round to oval in shape, basolated. Histologically, basically consists of hyper cellular stroma and accompanied by proliferation of benign ductal structures. phyllode tumors resembles with fibro adenoma because it has many ductal elements but the stroma is hyper cellular with ductal proliferation. Phyllode tumor is large, encapsulated with cystic spaces inside. Microscopically, there are cystic spaces which appear to be leaf like projections. The cells inside the phyllode tumor are hyper cellular and pleomorphic. Clinically phyllode tumors are smooth rounded, usually painless multinodular lesions that may be distinguishable from fibro adenomas. Causes of phyllode tumor is unknown but mostly due to the increased levels of estrogen (female hormone). The average age of diagnosis is in the fourth decade, skin ulceration may be seen with large tumors which is usually due to pressure necrosis rather than invasion of the skin by malignant cells.^[1] According to world health organization, these are differentiated into benign, borderline and malignant by

the frequency of mitosis, cellular atypical, cellularity, infiltrative margins.

CASE REPORT

A 19 yrs old female presented with the complaints of swelling of the right breast since 15 days, gradually increased in size with sudden increase in last 5 days associated with blackish discoloration. Size of the lump measuring 14X10 cm in diameter. There is no history of pain, itching, redness. Patient is a known case of epilepsy since 2 years and on anticonvulsants. She has a menstrual history of no menarche yet. Family history of the patient noticed her younger sibling of age 14 yrs is mentally retarded. Diagnosis tests of the patient include CT SCAN OF BRAIN PLAIN with impression of moderate dilated ventricle system[Bilateral 3rd and 4th ventricle] with diffused cerebral and cerebellar atrophy and HIGH RESOLUTION ULTRASONOGRAPHY – BOTH BREAST AND AXILLA with impression of large mixed echogenic lesion with mild vascularity in right breast –Giant fibroadenomal phyllode. Complete blood picture of patient is seen with elevated WBC cells. Upon the examination of the swelling, doctor planned for the surgery and advised the patient representatives (as patient is mentally retarded) to admit in the hospital to perform the surgical prophylaxis. Operation was performed with procedure of subcutaneous mastectomy to remove the tumor.

DISCUSSION

Phyllode tumors are seen rare in adolescence. The presence of cohesive stoma cells, isolated mesenchymal cells, cluster of hyper plastic duct cells, giant cell and absence of apocrine metaplasia are highly suggestive of a phyllode tumor. The peak incidence of this tumor is between 35-55 years but can occur at any age.^[5] Phyllode tumor is characterized by epithelial lined cystic spaces into which projects a hypercellular stroma, the presence of these stromal elements controls diagnosis. It mimics the breast condition such as fibroadenoma and makes diagnosis more challenging.^[6] Women with epilepsy have anovulatory cycles and have increased frequency of reproductive health problems compared to women without epilepsy, changes in hormonal balance during maturation from menarche to menopause, affect the seizure threshold and antiepileptic drugs vice versa.^[7] Increased estrogen levels due to late menarche results in tumor formation, the levels of some hormones in the blood increase tenfold during this time that affects the brain and increase the seizure activity. Women with seizures which start in temporal lobe of the brain, have reproductive disorders like late menarche and early menopause. Hormonal receptors like estrogen and progesterone can be found at the tumorous level, but these tumors are insensitive to the actions of hormones. New histo-prognostical techniques are currently being applied to cytosarcoma phyllode. The treatment for benign, borderline or malignant is by surgery, to remove the tumor along with at least 1 cm of surrounding healthy breast tissue by "wide excision" to prevent reoccurrence.

CONCLUSION

A 19yrs old female patient admitted in the surgery ward with complaints of swelling of the right breast since 15 days which gradually increased in the size of 14 X 10 cm in last 5 days. Diagnosis of both breast and axilla by high resolution ultrasonography reveals giant fibroadenoma phyllode. Patient has history of epilepsy since 2 years and on anticonvulsants. Mental condition of patient is unstable and has a family history of younger sibling who is mentally retarded. Patient has a menstrual history of no menarche yet. The occurrence of phyllode tumor in adolescence is rare which is here, due to epilepsy and no menarche. Hormonal imbalances results in tumor formation and affects the brain which increases the seizure activity.

CONSENT TO PARTICIPATE

Patient representatives has been explained about her medical condition as the patient is mentally unstable and permission has been taken from the individual in order to publish the article and assured the patient that identity will not be revealed.

ETHICAL CONSENT: IRB Approval is not obtained as it is a single case report and patient is not a part of clinical trial.

CONSENT FOR PUBLICATION: Written and signed consent form is collected from the patient after proper explanation.

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