

2015/10/24

# Surgical Pathology Conference



Supervisor : 常傳訓主任  
Presenter : PGY 李碧文



# Case presentation



# Basic Data

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- Name: 000
- Age: 57-year-old
- Gender: Female
- Chart number: xxxxxxx
- Occupation: Housewife
- Marital Status: Married
- Source of Information: previous chart
- Admission date: 2015/08/03

# Chief complain

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- Shortness of beath for about two weeks

# Present Illness

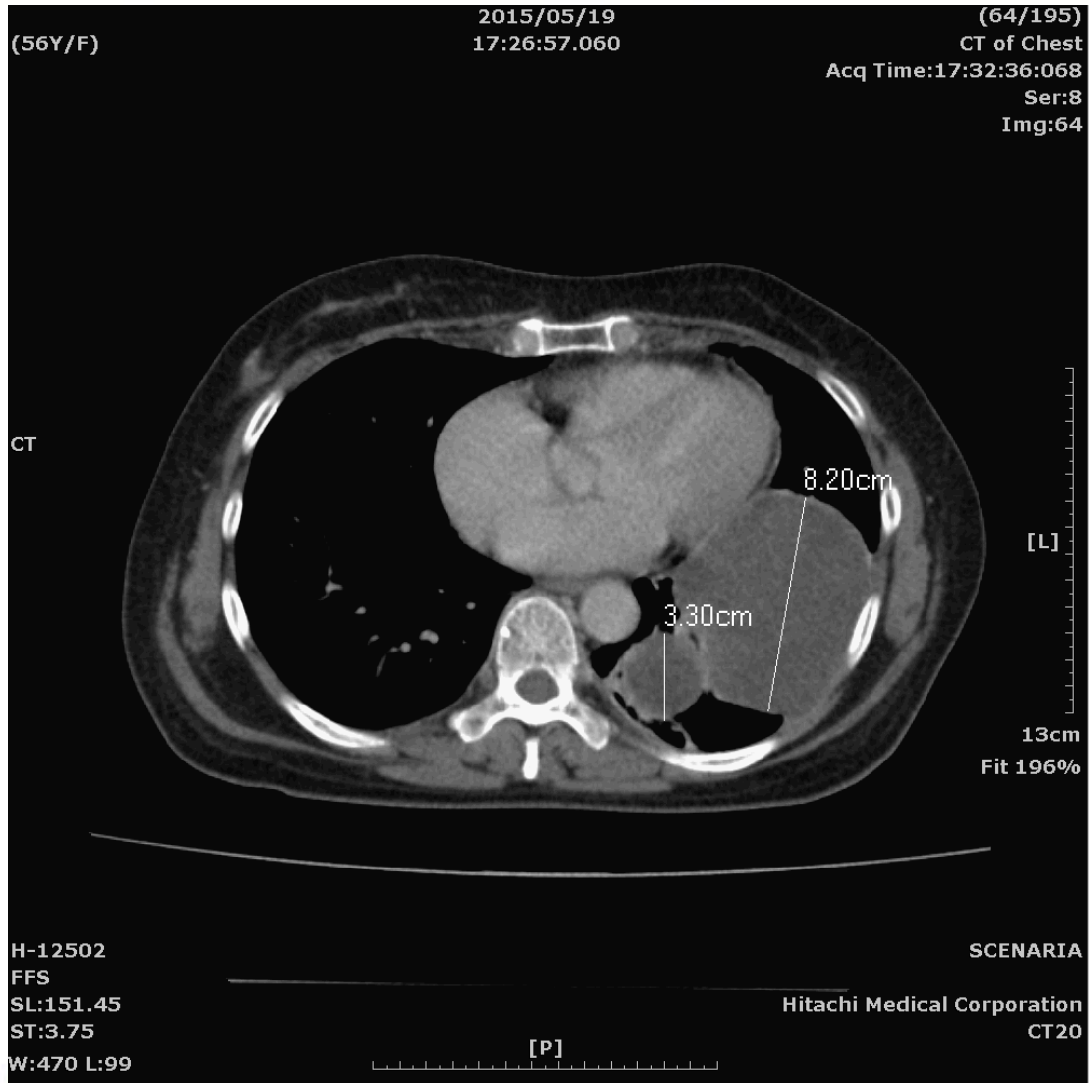
2014/07/1

- Left breast tumor
  - post partial mastectomy on 2014/7/1 at CGMH.
  - Pathology: breast **borderline phyllodes tumor**  
5.3x4.9x2.8 cm

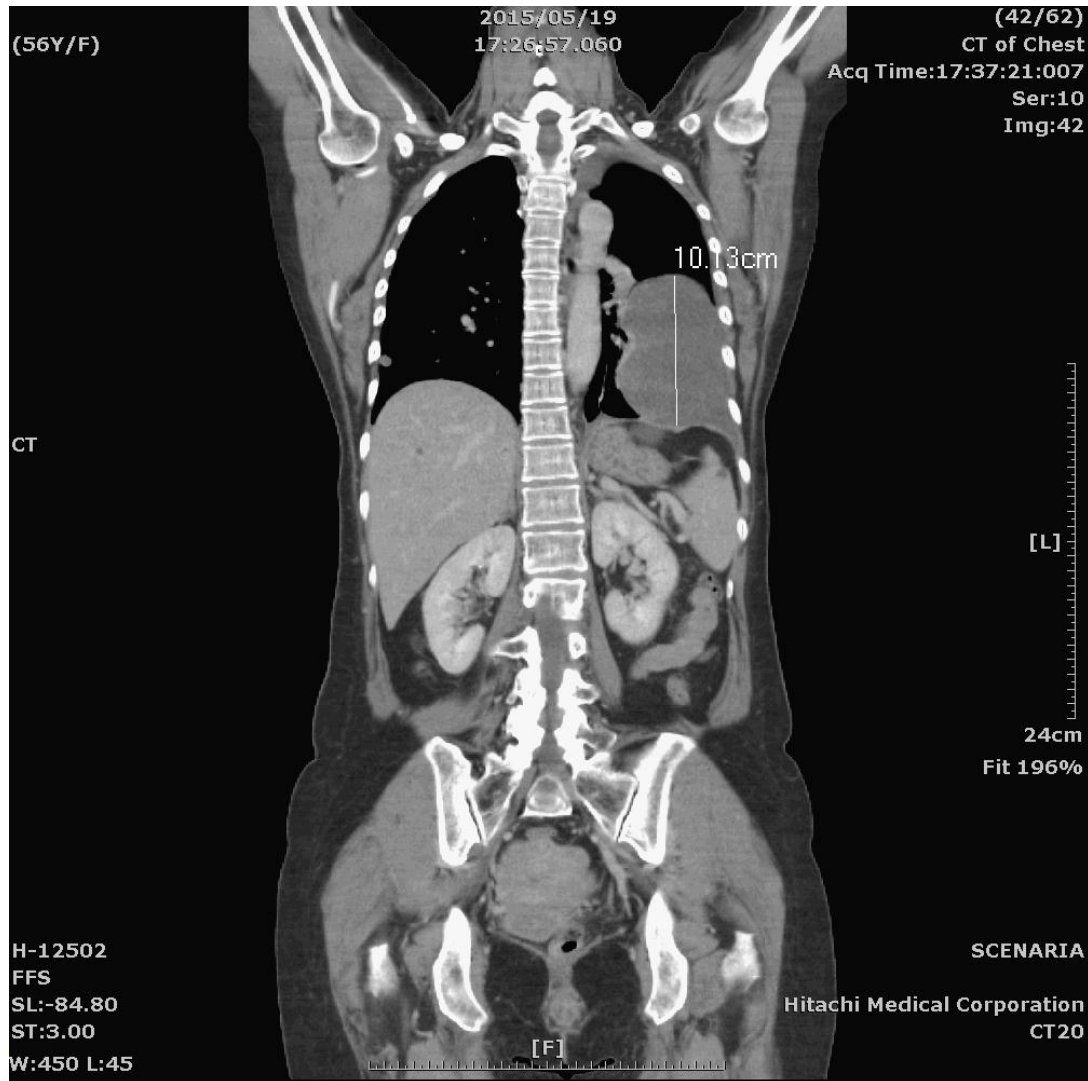
2015/06/25

- Bilateral metastatic lung tumors
  - post VATS with RLL wedge resection at CGMH.
  - Pathology: **spindle cell hemangioma**
  - Left chest masses, inoperable at CGMH due to excessive size and multiple masses (by CS)

# CT 2015/05/19



# CT 2015/05/19



# Present Illness

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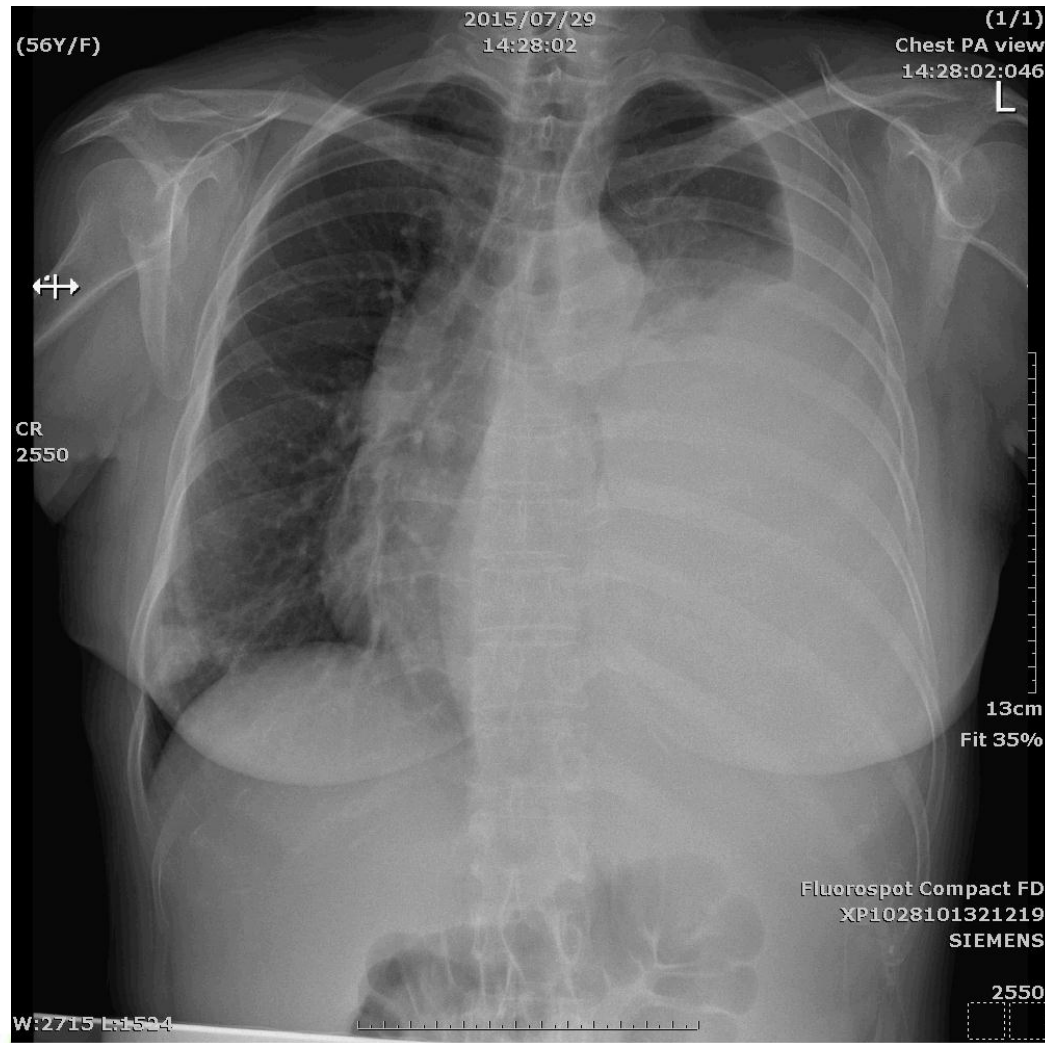
- 2015/07/29
- Dr. Wei's OPD
    - Shortness of breath
    - Chest X-ray

2015/08/03







CXR2015/07/29



# Present Illness

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- 2015/07/29 • Dr. Wei's OPD
    - Shortness of breath
    - Chest X-ray
  - 2015/08/03 • Admission for further evaluation and management
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# Past history

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- Systemic disease:
  - **Hypertension** for years with medication control
- Operation history:
  - 2014/07/01: Left lower breast borderline phyllodes tumor 5.3x4.9x2.8 cm post partial mastectomy at CGMH
  - 2015/06/25: Right lung hemangioma post VATS with RLL wedge resection at CGMH.

# Personal History

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- Alcohol: (-)
- Betel nut: (-)
- Smoking: (-)
- Herbal medications: nil
- Drug history: nil
- Family history: **father (lung cancer)**
- Allergy: no known allergy to food or drugs

# System review

**General** : weakness:(no), fatigue:(yes), anorexia:(no), fever:(no),  
insomnia:(no)

**Integument** (skin, hair and nails) :

changes in color:(no), pruritus:(no), rash:(no), hair loss:(no)

**HEENT** :

a. Head - headache:(no), dizziness:(no), vertigo:(no)

b. Eyes - visual acuity:(normal), color vision:(normal), corrective  
lenses:(yes), photophobia:(no), diplopia:(no), pain:(no)

c. Ears - pain:(no), discharge:(no), hearing loss:(no), tinnitus:(no)

d. Nose - epistaxis:(no), discharge:(no), stuffiness:(no), sense of  
smell:(normal)

e. Throat - status of teeth:(normal), gums:(normal), dentures:(no),  
taste:(normal), soreness:(no), hoarseness:(no), lump:(no)

# System review

**Respiratory** : cough:(no), sputum:(no), hemoptysis:(no), wheezing:(no), **dyspnea:(yes)**

**CV** : edema:(no), chest distress:(no), chest pain:(no), palpitation:(no)  
intermittent claudication:(no), cold limbs:(no), cyanosis:(no)

**GI** : dysphagia:(no), nausea:(no), vomiting:(no), abdominal distress/pain:(no), change in bowel habit:(no), hematemesis:(no), melena:(no), bloody stool:(no)

**GU** : urinary frequency:(no), hesitancy:(no), urgency:(no), dribbling:(no), incontinence:(no), dysuria:(no), hematuria:(no), nocturia:(+, 2-3 times/night), polyuria:(no), pregnancy:(no)

**Metabolic and endocrine** : growth:(fair), development:(normal), weight change:(no), heat/cold intolerance:(no), nervousness:(no), sweating:(no), polydipsia:(no)

# System review

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**Musculoskeletal** : joint pain:(no), stiffness:(no), limitation of motion:(no), muscular weakness:(no), muscle wasting:(no)

**Hematologic**: anemia:(no), easy bruising or bleeding:(no), lymphadenopathy:(no), transfusions:(no)

**Neuropsychiatry** : dizziness:(no), syncope:(no), seizure:(no), speech disturbance:(no), loss of sensation:(no), paresthesia:(no), ataxia:(no), weakness or paralysis:(no), tremor:(no), anxiety:(no), depression:(no), irritability:(no)

# Physical Examination

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- GENERAL APPEARANCE: Fair looking
- CONSCIOUSNESS: Clear, E 4 V 5 M 6
- HEENT: no specific finding
- CHEST:
  - Inspection: no deformity, no spider nevi
  - Palpation: symmetric expansion, fair tactile fremitus
  - Percussion: bilateral resonance
  - Auscultation: left **diminished breathing sound**, no crackle, no wheezing
- HEART:
  - Regular heart beat without audible murmur
  - No audible S3; No audible S4
  - Heave: no



# Physical Examination

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- ABDOMEN:
  - Soft AND flat, No superficial vein engorgement
  - No tenderness; No rebounding pain ;No muscle guarding
  - Bowel sound: normoactive
- BACK:
  - No knocking pain over bilateral flank area
- EXTREMITIES:
  - No joint deformity; Freely movable ; pitting edema R/L:+/++
  - Peripheral pulse: symmetric
- SKIN:
  - No petechiae OR ecchymosis ; No abnormal skin rash

# Hospital course

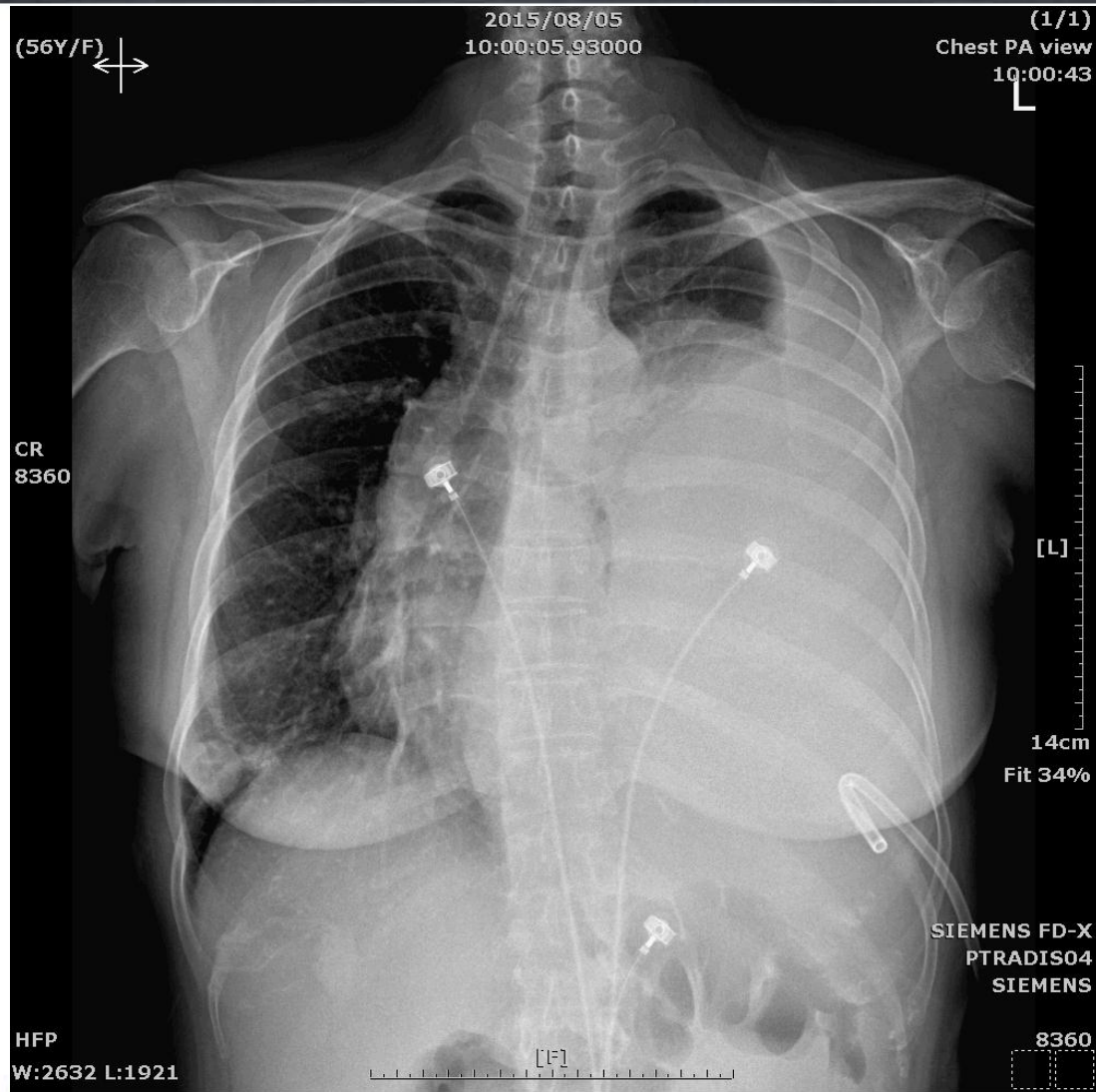
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2015/08/04



- Consult CS Dr.楊明松
  - **No surgical indication** for these metastatic lung tumors
  - **Left chest drainage with pigtail** for pleural effusion
  - Cytology: **Negative for malignancy**

# CXR 2015/08/05



# Hospital course

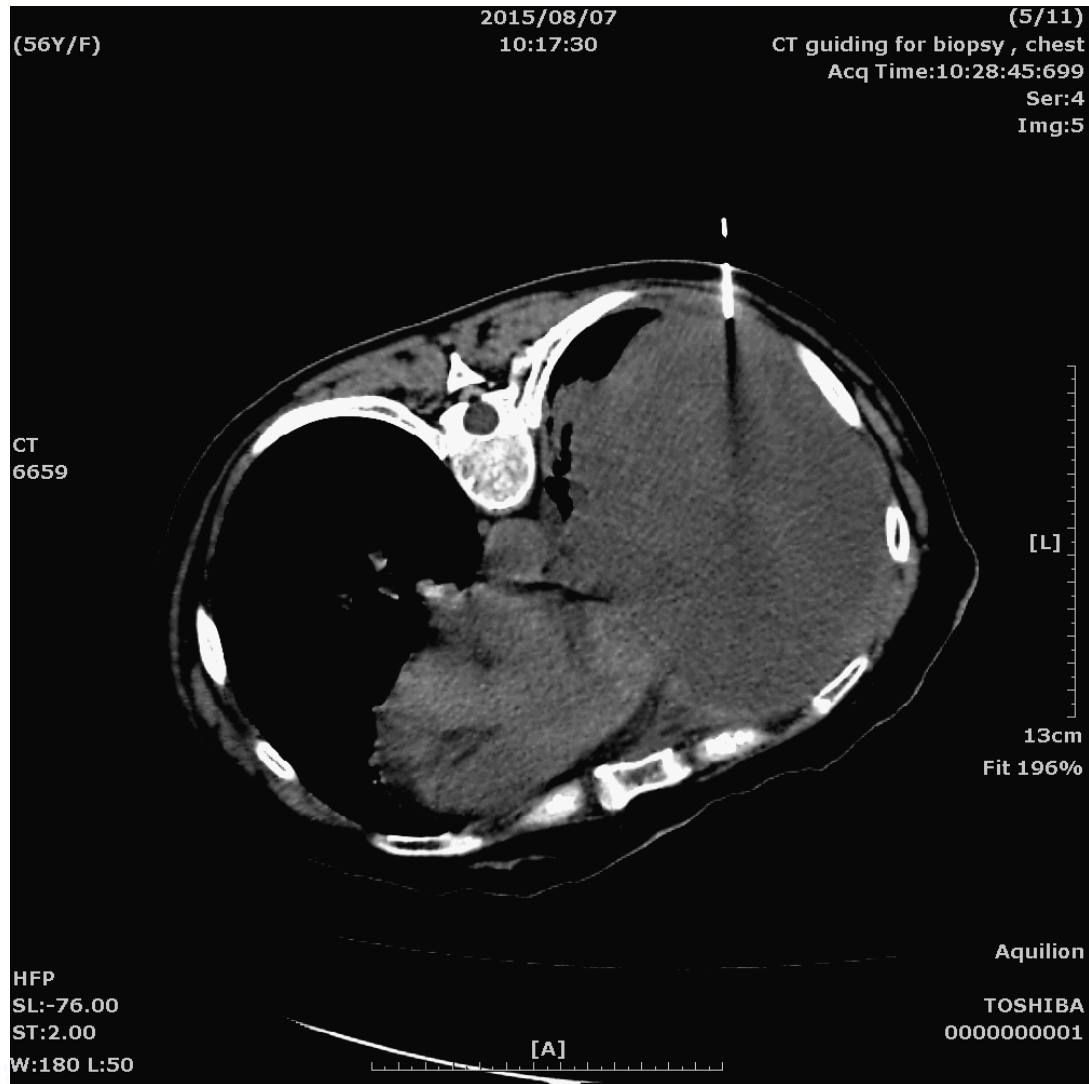
2015/08/04

- Consult CS Dr.楊明松
  - No surgical indication for these metastatic lung tumors
  - Left chest drainage with pigtail for pleural effusion
  - Cytology: Negative for malignancy

2015/08/07

- Left chest CT guide biopsy
  - lacking of epithelial component and absence of anaplastic features of the spindle cells
  - metastatic phyllodes tumor?

# CT guide biopsy 2015/08/07



# Hospital course

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2015/08/11

- Consult GS Dr.常傳訓
  - Sonography :left upper outer breast 2 o'clock 0.4x0.4cm
  - Sono-guided fine needle biopsy: **benign**

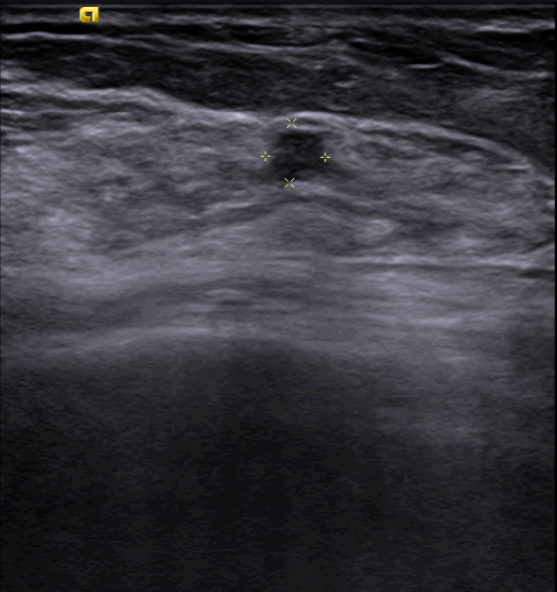
# Sonography 2015/08/11

(56Y/F) 2015/08/11 14:28:01.937000 (1/10)  
Img:1  
Ser:1  
Breast,Ultrasonic guidance for needle placement  
Acq Time:14:41:35:812000

Huang Jui Yuan 2:41:35 PM 8/11/2015  
A422960 201508050367 Female 56y

MI: 1.0

US



SIEMENS  
9L4 / Breast  
General  
2D 100%  
THI / H8.00 MHz  
8 dB / DR 65  
ASC 5 / DTCE M  
Map E / ST 3  
+D=0.40 cm  
x D=0.40 cm

2cm  
Fit 98%

47fps 4cm

Fr505

US2003  
S2000  
SIEMENS

W:254 L:127

# Hospital course

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2015/08/11

- Consult GS Dr.常傳訓
  - Sonography :left upper outer breast 2 o'clock 0.4x0.4cm
  - Sono-guided fine needle biopsy: **benign**
- Remove pigtail

2015/08/13

- The patient and her family decide to transferred to 和信醫院 for further palliative treatment.



# Impression

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1. Large left lung tumor, R/O metastatic phyllodes tumor
2. Right lung spindle cell hemangioma
3. Left breast phyllodes tumor
3. Pleural effusion
4. Right lung spindle cell hemangioma
5. Hypertension

# Plan

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- Monitor fluid retention
- Adequate pain control
- Control blood pressure
- Keep electrolyte balance
- Consult CS, GS and Hema



# Discussion

## Phyllodes tomor


# INTRODUCTION

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- Originally called "**cystosarcoma phyllodes**" by Johannes Muller in 1838
- "Phyllodes" means **leaf-like**, typical papillary projections seen on pathologic examination
- Uncommon **fibroepithelial** breast tumors
- Behave similarly to benign fibroadenomas
- **Rapidly growing** or large tumor size

# EPIDEMIOLOGY

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- **Less than 0.5 %** of all breast malignancies
  - Incidence rate : **2.1 per million** women, (Los Angeles county over a 17 year period)
  - Median age : **42 to 45** (range 10 to 82 years)
  - Tumors in men, usually in **association with gynecomastia**
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# CLINICAL PRESENTATION

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- Physical examination
  - 20 % of phyllodes tumors are nonpalpable mass
  - Smooth, multinodular, well-defined, firm mass
  - mobile and painless
  - Tumor size: average 4 to 7 cm ( ranging from 1 to 41 cm)
  - Shiny, stretched, and attenuated skin
  - **Superficial ulceration** through pressure necrosis

# DIAGNOSIS

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- Mammography
  - Smooth, **polylobulated** mass resembling a fibroadenoma
- Breast sonography:
  - Solid, hypoechoic and well circumscribed
  - **Cystic change**



# DIAGNOSIS

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- MRI
  - Benign:
    - a **rapid enhancement** pattern, which is the opposite of the pattern seen with adenocarcinomas of the breast
  - Malignancy
    - well-circumscribed tumors with **irregular walls**
    - high signal intensity on T1-weighted images
    - low signal intensity on T2-weighted images





# DIAGNOSIS

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- Core needle biopsy
  - 25 to 30 percent false negative
  - Histologically Classification criteria
    - The degree of stromal cellular atypia
      - Mitotic activity
      - Infiltrative as compared to circumscribed tumor margins
      - Presence or absence of stromal overgrowth  
(ie.presence of pure stroma devoid of epithelium)



# CLASSIFICATION

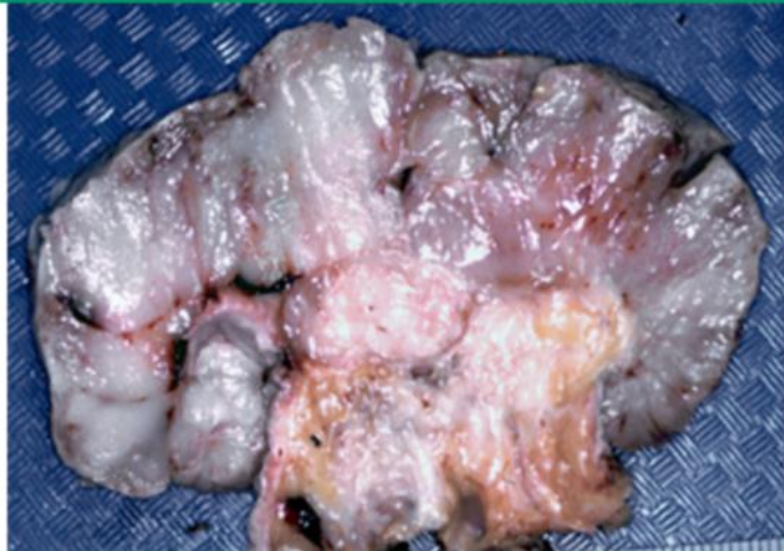
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- Benign phyllodes >50%
  - Circumscribed tumor margins and low mitotic rate
  - Lack of stromal overgrowth.
- Borderline
- Malignant phyllodes tumors 25%
  - Infiltrative margins, high mitotic rate
  - Presence of **stromal overgrowth** (metastatic behavior)

# PATHOLOGY

- Grossly
  - Round to oval multinodular masses
  - Grayish white appearance Necrosis
  - Hemorrhage can occur in larger tumors

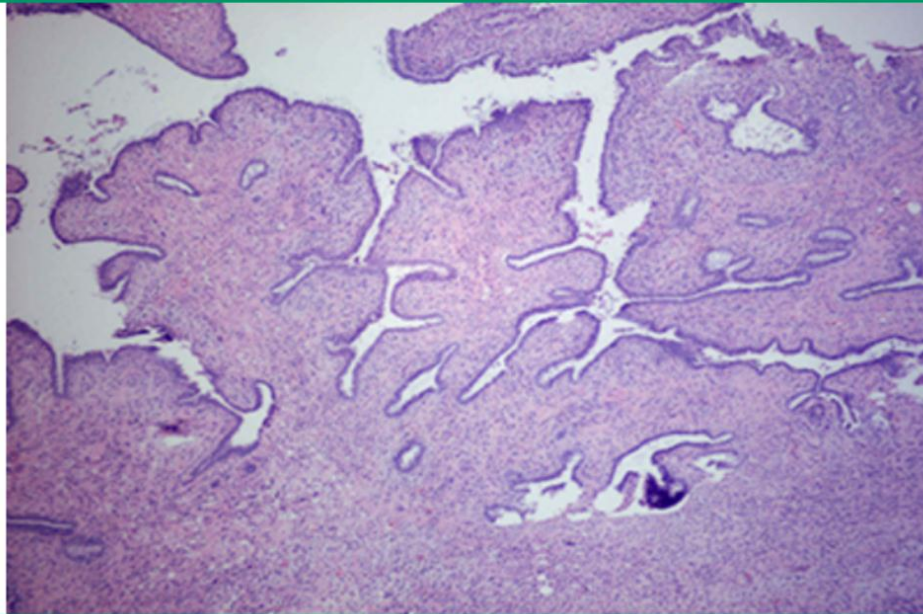
**Cut surface of phyllodes tumor**



# PATHOLOGY

- Microscopically
  - **Leaf-like** architecture consists of
  - **Papillary projections** of epithelial-lined stroma with varying degrees of **hyperplasia and atypia**

**Cellular stroma with leaf-like process**



# TREATMENT

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- Wide local excision
  - Histologic margin of **at least 1 cm**
  - Local recurrence rates :
    - **8 %** for benign tumors,
    - **21 % to 36 %** for borderline and malignant tumors
  - Local recurrence and cancer-specific survival were related to **tumor size** and **excision margins**.
  - Axillary dissection is usually not required



# TREATMENT

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- Radiation therapy
  - Unnecessary for benign phyllodes tumors that are widely excised.
  - Adjuvant RT **decreases local recurrences** for borderline or malignant phyllodes tumors

# TREATMENT

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- Chemotherapy
  - Benefit of adjuvant chemotherapy is **controversial**
  - No difference in relapse-free survival
  - **Tumor size >5 cm,**
  - For High-risk or **recurrent malignant tumors**

# PROGNOSIS

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- Five year survival rate
  - Benign tumors: 96%
  - Borderline tumors: 83.3 %
  - Malignant tumors: 77%
- Distant metastases:
  - Average survival less than 2 years after diagnosis



# ADVANCED AND RECURRENT DISEASE

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- Local recurrence
  - **Within two years** of initial excision
  - Shorter for malignant phyllodes
  - Re-excision with wide margins or mastectomy followed by RT

# ADVANCED AND RECURRENT DISEASE

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- Metastatic disease
  - 13% to 40%
  - The primary metastatic site: **the lungs**
  - Mean overall survival is **30 months**
  - Pulmonary metastasectomy
  - Chemotherapy regimen:
    - **Doxorubicin and/or ifosfamide**, or a combination of gemcitabine and docetaxel, dacarbazine

# Data of Cheng Shin General Hospital

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- Phyllodes tumor (2004 to 2015)
  - Total number of patients :51
  - Benign and borderline : 43 (84%)
  - Malignant: 8 (16%)
    - Recurrent : 1
    - Distance metastases: 2
  - Mean age: 45 (21 range to 74 years)

Thanks for your attention ~~~

