

A case report on bilateral breast fibroepithelial lesions in a 40 - year - old women

¹Dr Naveena Bansal, ²Dr Jyoti Priyadarshini Shrivastava, ³Dr Sudha Iyengar

¹JR-3, ²Professor, ³Professor and HOD
Department of Pathology
Gajra Raja Medical College
Gwalior, Madhya Pradesh.

Abstract-Introduction-Fibroepithelial lesions of the breast comprise a morphologically and biologically heterogeneous group of biphasic tumors with epithelial and stromal components that demonstrate widely variable clinical behaviour.

Case details- A 40-year old female presented with bilateral breast masses for 8 months. She was G₀ P₀, under treatment for infertility.

Results- Histopathological examination on left side showed features of benign phyllodes where as on right side showed fibroadenoma.

Discussion- Fibroepithelial lesions (FEL's) range from benign to malignant neoplasms that present with varying degrees of stromal proliferation compared to epithelial components. Fibroepithelial lesions of the breast include both fibroadenomas (FAs) and phyllodes tumors (PTs).

Conclusion- The majority of fibroepithelial lesions are benign, fibroadenomas being the most common mass diagnosed in women.

Index terms-Fibroadenoma, Phyllodes Tumor, Fibroepithelial lesions.

INTRODUCTION:

Fibroepithelial lesions of the breast comprise a morphologically and biologically heterogeneous group of biphasic tumors with epithelial and stromal components that demonstrate widely variable clinical behaviour.(1) Fibroadenomas are common benign tumors with a number of histologic variants. Cellular and juvenile fibroadenomas can have overlapping features with phyllodes tumors and should be recognized.(2) Phyllodes tumors constitute a spectrum of lesions with varying clinical behaviour and are graded as benign, borderline or malignant based on a set of histologic features according to recommendations by the World Health Organization (WHO). (3) Accurate diagnosis and grading of phyllodes tumors are important for patient management and prognosis, as grade broadly correlates with increasing local recurrence risk.(4) However, classification of fibroepithelial lesions in many cases remains challenging on both core biopsy and excision specimens.

CASE REPORT

1.1 PATIENT INFORMATION

A 40-year-old female presented with bilateral breast masses for 8 months. She was G₀P₀, under treatment for infertility. She had regular menstrual cycles in the past. She didn't have any chronic disease.

1.2 CLINICAL FINDINGS

On clinical examination, there was bilateral breast masses, hard, mobile and irregular. On palpation of left breast there was a huge mass of approx. Size 10x8x8 cm in the central quadrant involving all the quadrants and right breast palpation revealed firm lump in the upper outer quadrant of size 2x2 cm.

1.3 DIAGNOSTIC ASSESMENT

On ultrasound examination; there was a heterogenous fairly-defined large lesion with lobulated margin showing and multiple foci of calcification noted in left breast involving all quadrants of size 11.7x6.5 cm and in right breast upper outer quadrant of size 2.5x1.4 cm suggestive of BIRADS 4a/4b in bilateral breast.

On CT scan, both the breast masses revealed as well defined lobulated soft tissue density masses, more likely to benign, less likely to be malignant.

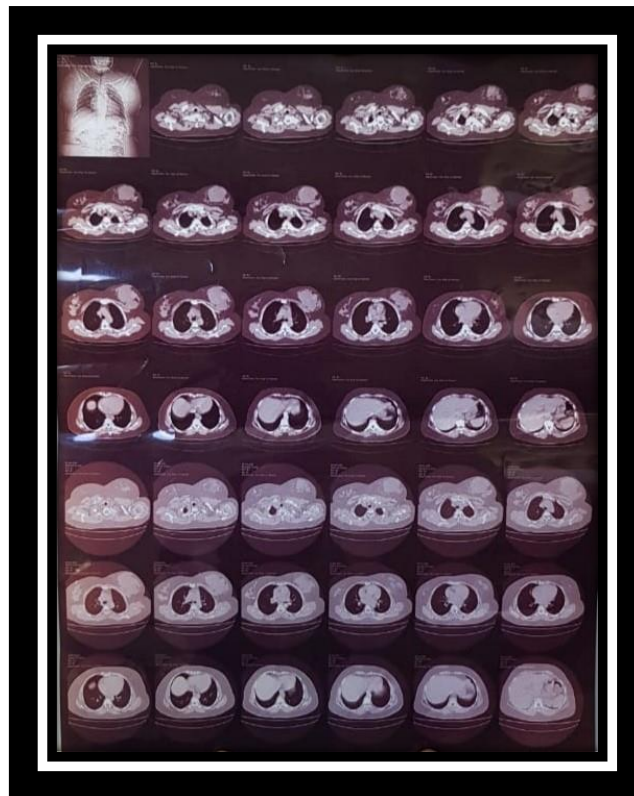


FIGURE 1: CT-SCAN BILATERAL BREAST

Histopathological examination on left side showed features of benign phyllodes where as on right side showed fibroadenoma.

FIGURE 2: FIBROADENOMA GROSS SPECIMEN



FIGURE 3: FIBROADENOMA GROSS SPECIMEN

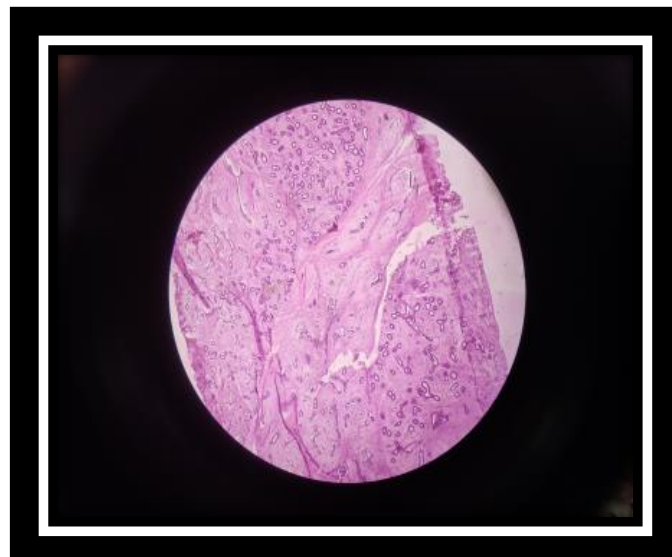


FIGURE 4: FIBROADENOMA 4X

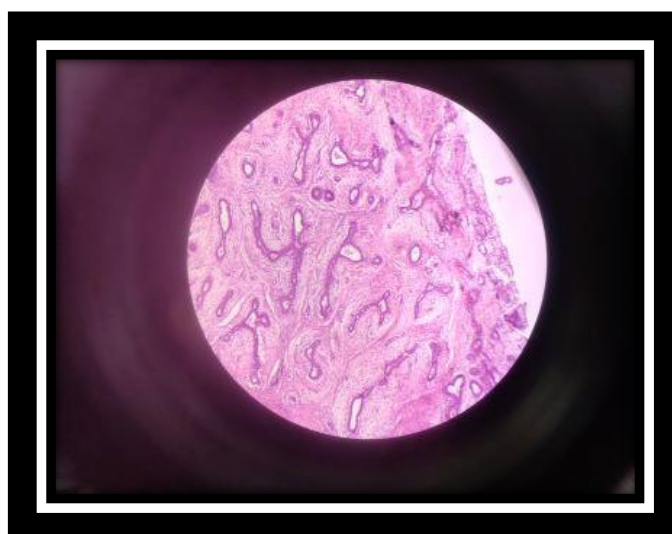


FIGURE 5: FIBROADENOMA 10X

FIGURE 6: BENIGN PHYLLODES GROSS SPECIMEN



FIGURE 7: BENIGN PHYLLODES GROSS SPECIMEN

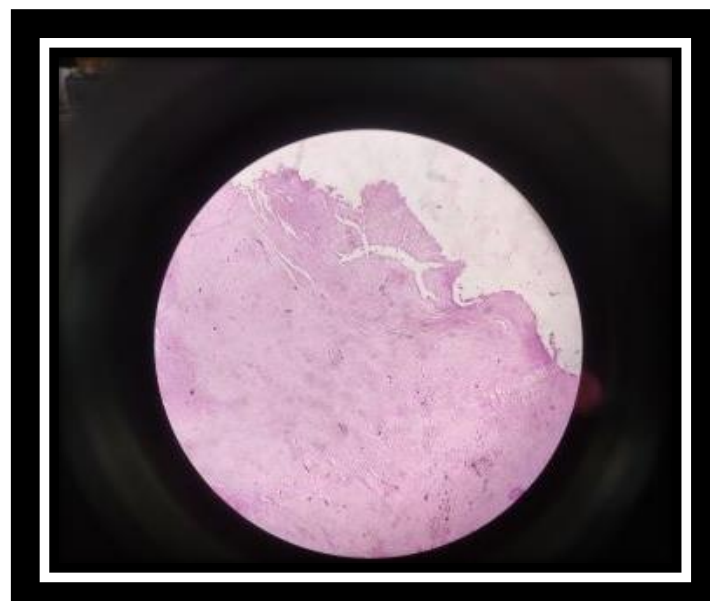


FIGURE 8: BENIGN PHYLLODES 4X



FIGURE 9: BENIGN PHYILLODES 10X

1.4 DISCUSSION:

Fibroepithelial lesions (FELs) range from benign to malignant neoplasms that present with varying degrees of stromal proliferation compared to epithelial components.(5) Fibroepithelial lesions of the breast include both fibroadenomas (FAs) and phyllodes tumors (PTs). Fibroadenomas are most common benign tumors found in young women.(6) Microscopically, they typically present ductal components surrounded by loose fibrous tissue with intracanalicular and/or pericanalicular growth patterns.(7) Pure fibroadenomas are usually surgically excised if they are growing, symptomatic, or greater than 3 cm in size. Phyllodes tumors comprise 3 cm tumor size are more likely associated with borderline and malignant phyllodes tumors and are more often indicated by ultrasound findings of irregular masses with poorly circumscribed or undefined borders.(8) Wide surgical excision with 1 cm margins without nodal evaluation is considered the standard of care for phyllodes tumors as they tend to behave like sarcomas with hematogenous spread most commonly to the lung and bone.(9,10) Tumors that are histopathologically classified as malignant are at high risk for metastasis and may require mastectomy if clear margins cannot be achieved with wide local excision.

1.5 CONCLUSION:

The majority of fibroepithelial lesions are benign, fibroadenomas being the most common mass diagnosed in women. Phyllodes tumor needs to be considered in a rapidly growing mass.

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