

## Reccurent Malignant Breast Tumor: Reconstructive Surgery

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### Case Report

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### Article History

Received: 12.12.2017

Accepted: 21.12.2017

Published: 30.12.2017

### DOI:

10.21276/sjmeps.2017.3.12.16



**Abstract:** Malignant phyllodes breast tumors (PT) have been reported to present with unusual characteristics, including aggressive growth and high potential of recurrences. We report a case of a 26 year old women presented to our constitution with local recurrence after several surgery of PT in the right breast, who necessited wide resection and reconstruction of the chest wall.

**Keywords:** Phyllodes tumors, Breast, Surgery.

### INTRODUCTION

Phyllodes tumors of the breast are rare biphasic fibro-epithelial lesions that contain two types of breast tissue: stromal (connective) tissue and glandular (lobule and duct) tissue. It is less than 1% of breast tumors and exhibits unpredictable behavior [1].

### OBSERVATIONS

A 26 year old women, operated several times for malignant breast tumors, admitted in our department for a fourth episodes of local recurrences. The patient received 3 times wide tumourectomy, followed by mastectomy. She presented a local recurrence which required a resection of major and minor pectoralis muscles with transposition of the homolateral latissimus dorsi. The final pathological exam concluded on malignant phyllodes tumors (10 mitoses/10 high-power fields (HPFs).), the resection margins were R0. Although surgical margins were clear, local recurrence rates remain high with 3 months after the last operation the appearance of two masses at operative site, one invading the sternum (Figure 1).



**Fig-1 : A, C : Computed Tomographe showed two masses in the chest wall, one invading the upper part of the sternum ; B : clinical preoperative photos**

A body computed tomography scan and bone scintigraphy does not show any secondary localization. The opinion of the multidisciplinary staff concluded that there was an indication of a transfixing resection

taking the two lesions together. Coverage was provided by a prolène mesh with methyl metachrylate, with muscle transposition of the contralateral latissimus dorsi and cutaneous graft (Figure 2).



**Fig-2: A : monobloc resection of the tumors; B : prolene mesh ; C : methyl methacrylate mesh with contralateral latissimus dorsi flap ; D : skin graft**

The resection limits were wide (more than 2 cm) and the definitive pathological exam was in favor of phyllodes tumors of high grade malignancy (>20 mitoses/10 HPFs)). The early post-operative courses were simple with an exit on D8.

#### DISCUSSIONS

Phyllodes tumors (PTs) of the breast are a rare type of tumor that account for <1% of breast tumors in females. Malignant phyllodes tumours represent a specific subset of breast sarcomas composed of epithelial elements with a connective tissue stroma [1]. These tumours are characterised by a high risk of recurrence and are associated with evolution towards more aggressive disease [2].

The mainstay of phyllodes tumour management has traditionally consisted of surgical excision with wide tumour-free margins. Tumours with high mitotic activity (>10 mitoses/10 HPFs), as our case constituted a distinct group associated with a significant (55.6%) local recurrence rate [3]. However, there is no consensus on the definition of an appropriate surgical margin to ensure completeness of excision and reduction of recurrence risk.

Malignant phyllodes tumors constitute a very aggressive entity, with a potential for very high recurrence, requiring treatment in specialized centers to provide a large early resection [2, 3].

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