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477 - GIANT PHYLLODES BREAST TUMOR AFTER INDUSTRIAL SILICONE INJECTIONS: A CASE REPORT

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A phyllodes tumor is an uncommon lesion in the breast. There are three forms of presentation: benign, borderline, and malignant. The major incidence of phyllodes tumor is seen in women between 40 and 50 years old, and the benign presentation is the most frequent, being more current in those women, the reason why it is so relevant to have a complete exeresis of the lesion with free surgical margins. We present a case of a female patient with a giant phyllodes tumor on the right breast after an industrial silicone injection. In March 2021, a 60-year-old patient suffering from high blood pressure and anxiety was assisted at the Mastology Clinic at Hospital Federal da Lagoa (HFL). Before 28 years, she had submitted to an industrial silicone injection in the breast, with no medical evaluation before or after the procedure. In 2016, she found a tumor in her right breast, a lesion with a progressive growth. In October 2020, she noticed an ulcer near the tumor, which is why she sought medical help. After two biopsies with no malignant evidence, she was forwarded to our service, presenting an extensive injury at the right breast: an ulcerated lesion filling (>12 cm), filling the lateral aspect of the breast, with bleeding areas and necrosis. The papillary areolar complex was completely deviated to the medial side. Another biopsy was made, but the results were again inconclusive of malignant cancer, despite the clinical features. The axillary area was affected by lymphadenopathy. The left breast had uncountable tumors, because of the industrial silicone injection. The patient chose the mastectomy of both breasts, afraid of a possible malignant disease. The surgery was performed in June 2021, with a lymph node biopsy on the right side. The histopathology reported a giant and benign phyllodes tumor (15×13 cm) with an extensive inflammatory process, necrosis, calcification, edema, vascular congestion, fibrosis, and foreign body giant cells reaction. The skin and papilla were attacked by the inflammatory process in all the depths of the dermis. The lymph nodes just presented an inflammatory process and surgical margins were free. The left breast presented the same lesions of the inflammatory process visible in the right breast. The patient remains in follow-up, considering the possibility of recurrence of the phyllodes tumor, and awaiting the appropriate time for breast reconstruction. Although there is no evidence about the risk factors for developing a phyllodes tumor, there is no doubt about the mutagenic potential of the silicone liquid in the body. The relevance of this study is based on the rare clinical disease and on the problem associated with illegal practice of aesthetic medicine, still frequent in our society.