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495 - RECURRENT PHYLLODES TUMOR MALIGNANCY: A CASE REPORT

Ana Thereza da Cunha Uchoa Camacho¹, Ana Paula Pontes Rodrigues², Maria Clara Sousa Peixoto³, Rebeca de Sousa França³, Livia Nazaré Soares Silva³

¹Universidade Federal da Paraíba, Hospital Universitário Lauro Wanderley – João Pessoa (PB), Brazil.

²Centro Universitário de João Pessoa – João Pessoa (PB), Brazil.

³Faculdade Nova Esperança – João Pessoa (PB), Brazil.

Fibroepithelial tumors of the breast are part of a heterogeneous group of biphasic neoplasms, which include common fibroadenomas (FA) and phyllodes tumors (PTs). The PT is a rare fibroepithelial tumor that is histologically divided into three grades: benign, malignant, or borderline. Although only about 10% of these tumors are malignant, even benign tumors are prone to local recurrence and can become very large in size. The standard management of PT is surgical excision with negative surgical margins, due to the propensity for local recurrence. Therefore, the report about this type of tumor with multiple recurrences and malignization in the same person is important for the literature. A female patient, 30 years old, without comorbidities, with an obstetrical history of an abortion due to an embryonic egg and with a previous oncological history of four left breast segmental resections for the removal of solid nodules, confirmed anatomopathologically as borderline PT, benign PT, FA, and benign PT, respectively, in the years 2017, 2018, 2018, and 2019, was observed. No interurrences were noted in the follow-up with a mastologist who found, in the physical examination, the presence of nodules and a palpable left breast, which caused discomfort when lying in the left decubitus position, with painless, nonsecretive, without palpable lymph nodes, and with accelerated growth. Ultrasonography revealed the presence of simple cysts in the right breast and two solid nodules BI-RADS 4 compatible with the diagnostic hypothesis of PT; therefore, surgical resection was indicated. However, with the increase in the volume of the nodules, it was not possible to obtain free margins and a simple mastectomy was chosen. On November 11, 2021, a left mastectomy was performed with partial resection of the pectoralis major muscle due to an intraoperative infiltrative lesion and immediate breast reconstruction with the placement of silicone prosthesis, without complications. In the anatomopathological examination, a malignant PT was identified with an infiltrative border pattern and the presence of neoplastic infiltration in the underlying skeletal muscle tissue. On December 23, 2021, the oncologist informed that the CT-PET performed days before denoted the absence of sites suggestive of a neoplastic process and the presence of a probable inflammatory scarring process in the left breast around the breast prosthesis. She is currently being followed up by the mastologist and the oncologist, through imaging examinations together with the clinical consultation, without the use of chemotherapies.