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Case 1

60 year old female presents with “left breast mass”.

Patient says it has been growing for “a few months.”
You request bilateral diagnostic mammography.

Technologist returns and says the mass is “too big” and she is unable to perform a left mammogram...
What do you do now?
- Mass is so large it cannot be measured with US. Estimate 30 cm wide.

- Solid, with some cystic or necrotic areas

What do you do now?
- Lymph node is borderline abnormal cortical thickness but is larger than 3 other axillary nodes seen on US & is lower in the axilla than the other nodes.

What do you do now?
- 14 g cores of breast mass: “fibroepithelial lesion”

- 14 g cores of axillary node: “reactive lymph node”

What do you do now?
Multidisciplinary conference discussion
review images & pathology

Team recommends CT to assess pectoral involvement. (Breast too large for MR coil!)
Mastectomy pathology results:

B) Left breast, mastectomy:
- Malignant phyllodes tumor, low grade (see comment)
- Tumor size: 27 cm
- Surgical margins: Narrowly uninvolved by tumor; tumor is less than 0.1 cm from deep margin

C) Left breast, medial margin, excision:
- Skin and subcutis, no tumor present

D) Left breast, lateral margin, excision:
- Skin and subcutis, no tumor present

COMMENT

Sections show a fibroepithelial neoplasm characterized by stromal overgrowth, increased stromal cellularity, focally infiltrative tumor borders, moderate stromal cell atypia and increased mitotic activity (up to 10 per 10 HPF). No lymph-vascular invasion is seen. Immunohistochemical studies show focal staining with SMA, and negative labeling for p63, CK5/6, CK34BE12, GATA3, ER, beta-catenin, and CD31. This tumor morphology and immunohistochemical profile is most compatible with a malignant phyllodes tumor.

This case was reviewed by Dr. ________ an internationally regarded expert in breast pathology, whose opinion is reflected in the above diagnosis. Dr. ________ also notes, "The phyllodes tumor is essentially at the deep surgical margin, but is circumscribed in this area, and careful clinical follow up is a reasonable alternative to re-excision." A full copy of Dr. ________'s report is on file in the surgical pathology office.
Treatment for patients with malignant phyllodes tumors confined to the breast includes?

A. Wide local excision or mastectomy
B. Axillary dissection
C. Chemotherapy
D. Hormonal therapy
E. A & B
F. A & C
Treatment for patients with malignant phyllodes tumors confined to the breast includes:

- Wide local excision or mastectomy is the treatment
- Recur locally so need wide excision margins
- May add XRT if margins close
- Metastasize hematogenously so axillary nodal surgery is not needed
- Most do not metastasize, even when “malignant” so chemotherapy not indicated unless distant disease is found
Case 2

52 year old male

Spontaneous bloody right nipple discharge for 2 years

New palpable right retroareolar mass

HIV+ and Hepatitis C+
What do you do now?
DBT slices
What do you do now?
What do you do now?
FNA