

Phyllodes Tumor — Cystosarcoma

Phyllodes tumor is a rare breast tumor that is most often benign but can also be cancerous. Phyllodes tumors are composed of connective tissues (stroma) of the breast mixed with a small amount of epithelial (top, lining) cells. The majority of breast cancers develop from the epithelial tissues of the breast that line the ducts (called carcinomas). The phyllode tumor is characterized by having cystic areas lined with epithelial cells throughout the mass. The word “phyllode” means having a leaf-like appearance. Under a microscope, the tumor cells look like a leaf.

Phyllode tumors are very rare, accounting for less than 1 percent of all breast tumors. The average age of patients with phyllode occurrence is the mid-forties. Cystosarcoma phyllodes refer to the malignant (cancerous) tumors and the benign (noncancerous) tumors are called phyllodes. However, some healthcare providers commonly use the terms interchangeably.

The tumors are diagnosed by the presence of a firm, rubbery, round or oval mass in the breast that has smooth edges, very similar to a fibroadenoma. The majority are painless lumps, but rarely, because of the size or position of the tumor, may cause pain. The tumors grow rapidly and are the largest documented breast tumors known. Some have grown to 180 mm in diameter. Often, the large size of the tumor is the first clue as to the type of mass in the breast. Phyllode tumors are often difficult to identify with mammography in women with dense breast tissues. If the tumor has cystic areas, calcifications may be present on the mammogram. Ultrasound may be able to distinguish the tumor from a breast cyst. Biopsy is required for a definite diagnosis.

Cells in the phyllodes tumor may change from benign to malignant. Therefore, the removal of the tumor is necessary even when it is not cancerous. Large tumors may cause the skin over the tumor to become shiny and red and eventually may cause an ulcer (open, red sore). A small percentage of tumors recur after surgical removal. Malignant tumors may metastasize to the lymph nodes and move to major organs (heart, lungs, bones and abdominal area) of the body.

Treatment of a phyllode tumor includes a lumpectomy, surgically removing the mass, with wide, clear margins. If the tumor is extremely large, a mastectomy may be recommended. The surgical site will be closely monitored for local recurrence. Cancerous phyllodes tumors are less likely to respond to radiation or chemotherapy and are treated like soft tissue cancers (sarcomas). Your healthcare provider will explain your planned treatment based on the characteristics of your tumor.

Additional Information:
