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## Case series: Heterogeneity and management of large breast tumors - phyllode tumor and squamous cell carcinoma

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### Abstract

This article discusses two case studies of breast cancer in women. In the first case, a 44-year-old woman had a large, asymmetrical breast mass, which was diagnosed as a rare benign phyllode tumor measuring 11 cm. The second case involved a 39-year-old woman who had an infected and ulcerated breast tumor classified as T4dN1MX, which was found to be a well-differentiated infiltrating and keratinizing squamous cell carcinoma measuring 6.5 cm in thickness. The cases highlight the importance of considering rare breast tumors and thorough clinical and radiological evaluation in the diagnosis and management of breast cancer.

**Keywords:** Heterogeneity, phyllode tumor, squamous cell carcinoma

### Introduction

Breast cancer is the most common cancer in women world-wide, with various subtypes and presentations. The heterogeneity of breast cancer and the importance of thorough clinical and radiological evaluation in diagnosis and management are demonstrated through these case series. The first case involves a rare fibroepithelial tumor, and the second case highlights the importance of early detection and surgical intervention in aggressive breast tumors. Understanding the diversity of breast cancer presentations and management strategies is crucial in improving patient outcomes.

### Observations

**Patient 1:** This is Mrs. SH, a 41-year-old woman G4P4 (4 Living Children / Vaginal Delivery), a housewife with no significant medical history, referred from Guercif for the discovery of a huge ulcerating and budding mass in the left breast evolving over 2 months in a context of asthenia and anorexia. Complicated by anemia at 4g/dl; on clinical examination, a conscious patient was found to be tachycardic, eupneic, pale, with moderately obese conjunctivas (BMI = 31.3 kg/m<sup>2</sup>), and on sénéological examination, the left breast showed a huge ulcerating and budding mass in the shape of a cauliflower, taking up the entire left breast, measuring about 20cm/20cm, painful, adhering to the deep plane, and nauseatingly infected. The nipple was not visible; the right breast was unremarkable. The lymph node areas are free, and the rest of the somatic examination is unremarkable.

**Tru-cut biopsy:** Showed a histological aspect of spindle cell proliferation, largely reworked by ulceration, showing rare mitoses with mild cytonuclear atypia, which does not allow for the retention of malignancy. Additional immunohistochemical testing eliminated the possibility of a Sarcomatoid carcinoma.

**TAP C-C+ CT scan:** Showed a poorly defined, irregularly contoured, hypodense, and heterogeneously enhancing lesion in the left breast, measuring 26 cm x 16 cm on the axial plane and extending 24 cm on the coronal plane. There was also a low-abundance left pleural effusion and 2 focal liver lesions to be completed by liver MRI.

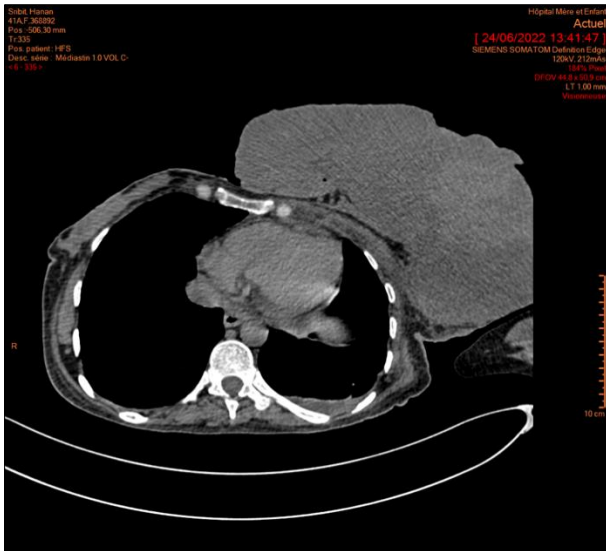


Image 1: CT scan without contrast

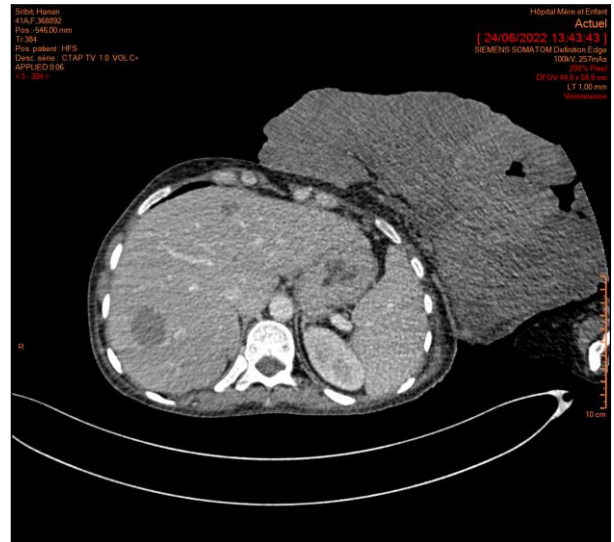


Image 4: The two liver lesions

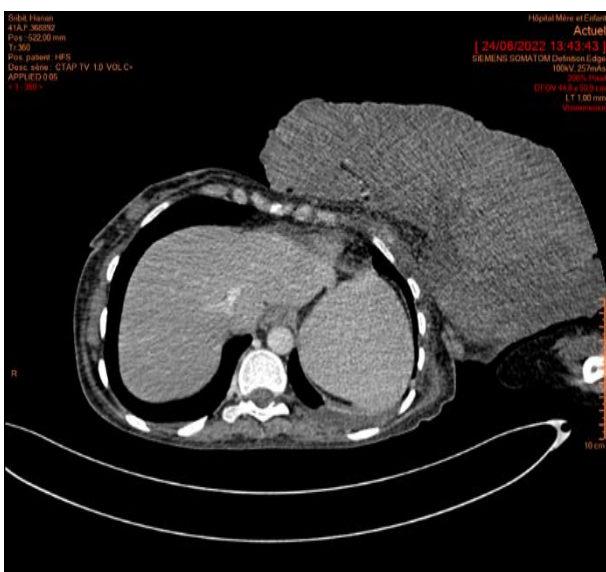


Image 2: CT scan with low-abundance pleural effusion

**Hepatic MRI:** showed 3 hepatic lesions suggestive of angiomas and a pre-caval pericentimetric adenomegaly to be evaluated in the next controls.



Image 5: MRI before contrast injection

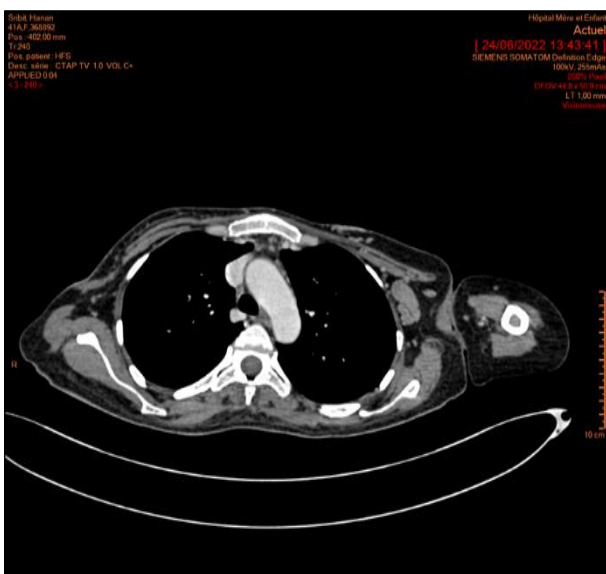


Image 3: Left axillary adenopathy

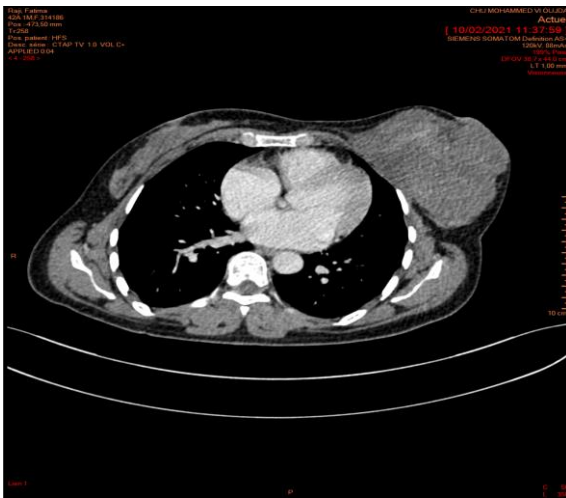


Image 6: MRI after contrast injection





**Image 11: CT C-**



**Image 12: CT C+** The laboratory workup is unremarkable. CA 15-3 marker is negative. A left mastectomy was performed, and the pathological examination showed a benign phyllode tumor measuring 11 cm in the largest axis. The postoperative follow-up was favorable, and the patient was declared discharged.

**Patient 3**

This is Mrs. HO, aged 39, married, G0P0, still menstruating, without notable medical history, admitted for the management of an infected tumoral breast evolving for 3 months. The clinical examination revealed a conscious patient stable on the hemodynamic and respiratory levels; afebrile; normal conjunctivae, with a sénologic examination revealing a poorly defined 8 cm ulcerated cauliflower-shaped tumour, painful to the touch, surinfected with pus and foul-smelling blood, without other associated signs, in particular no bone pain or digestive signs, classified as T4dN1MX. The whole thing evolved in a context of apyrexia and preservation of general condition. The rest of the examination is unremarkable.

**Ultrasound of the left breast**

Shows the presence of a lesion at the junction of the internal quadrants with regular contours, hypoechoic, heterogeneous, measuring 17/8 mm classified as ACR 4c. Biopsy showed focal seat of simple cylindrical metaplasia in the breast tissue, absence of tumoral proliferation within the examined fragments and on the multiple levels of sections performed.

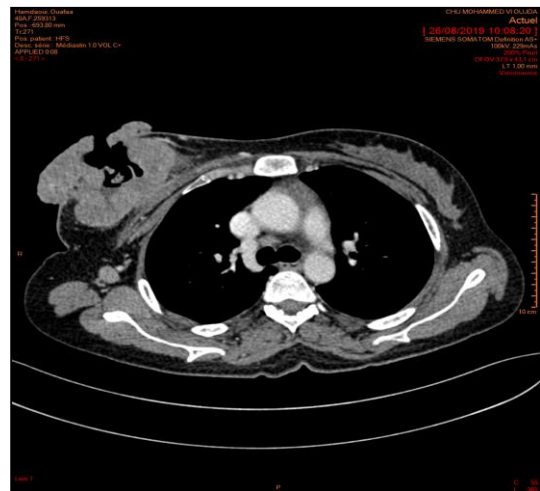
Biopsy of the right breast lesion: is in favor of a well-differentiated keratinizing squamous carcinoma infiltrating. No perineural invasion; No vascular emboli.

**TAP CT**

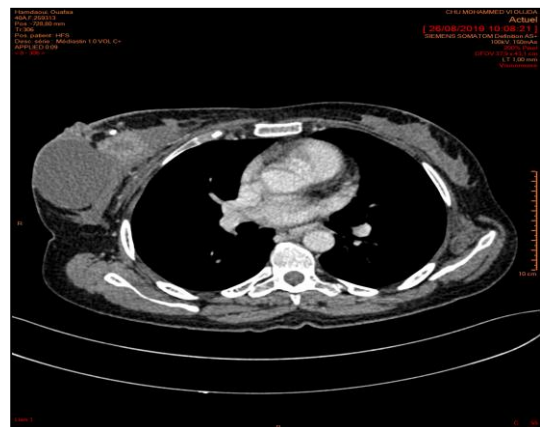
Shows a budding tumoral process at the cutaneous level associated with homolateral axillary lymph nodes associated with a cystic formation occupying the external quadrants. No secondary plumage, hepatic, or bone lesions.



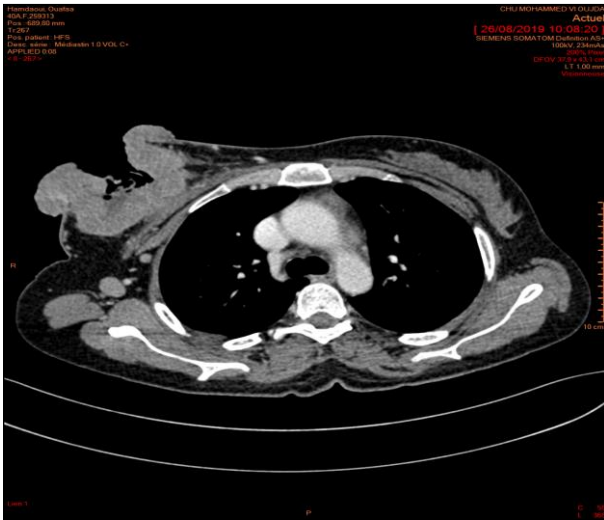
**Image 13: CT C-**



**Image 14: CT C+**



**Image 15: Right axillary adenopathy**



**Image 16:** Right axillary adenopathy. The laboratory workup revealed normochromic normocytic anemia (Hb at 10.5) with a hyperleukocytosis of PNN. CRP: 37.8 then 30,73 Then 99.11 (Negative CA 15-3 marker. Unremarkable ionogram. The patient underwent a Patey procedure (right mastectomy with axillary lymph node dissection in one block), with pathological examination showing a well-differentiated infiltrating and keratinizing squamous cell carcinoma measuring 6.5 cm in thickness; no in situ component; no vascular emboli; presence of perineural invasion; non-infiltrated nipple without Paget's disease; the deep plane is tumoral; other peripheral surgical margins are healthy; striated muscle tissue is free of tumor extension. Favorable postoperative course, the patient was discharged.

### Discussion

Breast cancer is the most common cancer in women worldwide, with various subtypes and presentations. The two case series presented above demonstrate the heterogeneity of breast cancer and the importance of thorough clinical and radiological evaluation in diagnosis and management.

In the first case, a 44-year-old woman presented with a large, asymmetrical breast mass with irregular contours and mobility. The imaging studies showed a BIRADS 5 mass occupying almost the entire left breast. The patient underwent a trucut biopsy, which suggested either a giant adenofibroma or benign phyllode tumor. A phyllode tumor is a rare fibroepithelial tumor that can grow to a large size and have a variable degree of malignancy. The patient underwent a left mastectomy, and the pathological examination showed a benign phyllode tumor measuring 11 cm in the largest axis. This case highlights the importance of considering rare breast tumors in the differential diagnosis of large breast masses and the necessity of surgical management in some cases.

In the second case, a 39-year-old woman presented with a large, ulcerated, and infected breast tumor. The sénologic examination revealed a poorly defined 8 cm cauliflower-shaped tumor classified as T4dN1MX. The imaging studies showed a budding tumoral process at the cutaneous level associated with homolateral axillary lymph nodes associated with a cystic formation occupying the external quadrants. The patient underwent a Patey procedure (right mastectomy with axillary lymph node dissection in one block), with pathological examination showing a well-differentiated infiltrating and keratinizing squamous cell carcinoma measuring 6.5 cm in thickness. This case highlights the

importance of prompt evaluation and management of rapidly growing breast tumors, as well as the possibility of rare breast cancers, such as squamous cell carcinoma, and the importance of lymph node evaluation and staging.

Breast cancer can present with a wide range of clinical and radiological features, and a thorough evaluation is essential for accurate diagnosis and appropriate management. Breast imaging, including mammography, ultrasound, and MRI, is an essential component of the diagnostic workup, along with biopsy and pathological evaluation. Breast cancer treatment may include surgery, radiation therapy, chemotherapy, hormonal therapy, or targeted therapy, depending on the type, stage, and molecular characteristics of the tumor. Patients with breast cancer require multidisciplinary care involving breast surgeons, medical oncologists, radiation oncologists, and other health-care professionals to provide the best possible outcomes.

### Conclusion

The case series describes three patients with breast cancer. The first patient had a benign phyllode tumor. The second patient had a poorly defined ulcerated tumor with metaplasia in breast tissue and a well-differentiated keratinizing squamous carcinoma in the right breast. The third patient had a well-differentiated infiltrating and keratinizing squamous cell carcinoma. The cases highlight the importance of breast cancer screening and prompt medical attention to ensure early diagnosis and better treatment outcomes.

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