Case Report

Cystosarcoma Phyllodes

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Mrs. S. S., aged 46, white, was admitted to Woman's Hospital on August 18, 1954, because of a growth in the left breast. The patient had noticed a firm, small tumor in the breast during the past twenty years. Four months prior to admission the breast began to enlarge rapidly. It soon became tender, painful and discolored. She visited a "drugless healer" two months before her hospitalization. He gave her "light treatment and massage" three times weekly. Three weeks before entering the hospital the tumor broke down, followed by considerable bleeding, ulceration, exudate and odor. Because of the enormous size of the breast, the patient wore a sling for support, and large pads to absorb the discharge. Gradually she became so weak, because of inanition, bleeding and fever, that she remained confined to her room.

The patient ran a septic type of temperature in the hospital, varying between 101° and 104°. Her hemoglobin was 4.2 Gm./100 ml., RBC 1,150,000 per cu. mm. and WBC 15,250 per cu. mm. on first examination. Antibiotics and six whole-blood transfusions were given in preparation for surgery. The sloughing was extreme and the odor so penetrating that it was necessary to isolate the patient.

The fever persisted until the day of operation. A simple mastectomy was performed on September 1. A wide elliptical transverse incision was used, and the skin closed with a sliding graft. The wound healed rapidly and the patient left the hospital in excellent condition after eight days. At time of discharge she was afebrile, with a hemoglobin of 10.3 Gm./100 ml. and an RBC of 4,020,000. Admission weight was 102 pounds (Fig. 1). Weight October 30, (Fig. 3) was 122 pounds.

Pathological Considerations. The tumor weighed approximately 4 Kg. and upon section exuded mucinous material. The skin over the neoplasm was ulcerated and

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Figure 1

inflamed. Histologic examination revealed the tumor to be composed of stellate-shaped fibrocytic cells that did not vary much in size, shape and staining reaction. The tumor was only moderately cellular and the connective tissue cells were separated by the mucinous stroma. In only a few areas were ductal elements recognized and in these the epithelium appeared entirely mature (Fig. 2).

Diagnosis. Cystosarcoma phyllodes, benign.

Discussion. Cystosarcoma phyllodes is a term attributed to Johannes Müller who in 1838 first described this tumor. Sarcoma, at that time, apparently meant a "fleshy mass" and not a malignant tumor as currently used. Cystosarcoma phyllodes, unqualified, refers to a benign tumor that nearly always arises from a fibroadenoma, the two differing only by size. Malignant variants do occur in which the stroma resembles a fibrosarcoma but with benign ductal epithelium. Such variants are capable of metastases, especially to the lungs. These giant tumors, benign or malignant, are rare and are really museum curiosities. This particular case was considered as a benign variant and there is no evidence of recurrence four and a half years after operation.

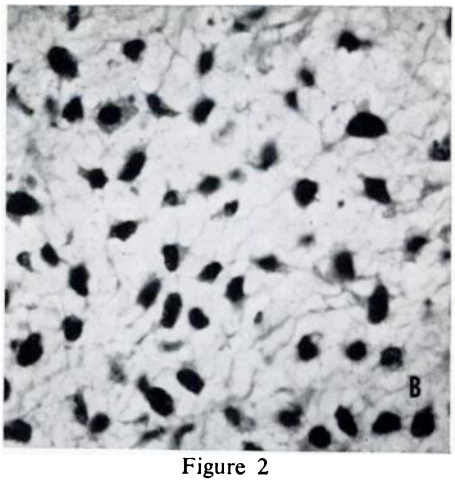

Figure 2

It is difficult to understand in this enlightened medical era how an intelligent patient would allow a growth to reach this size. *Our educational program still misses many people.*

Fig. 1. Picture taken day after admission. Note the patient supporting the growth. Pads are covering her hands.

Fig. 2. High power magnification of stromal elements showing tumor to be composed of stellate cells separated by myxomatous intracellular material.

Fig. 3. One month after operation.

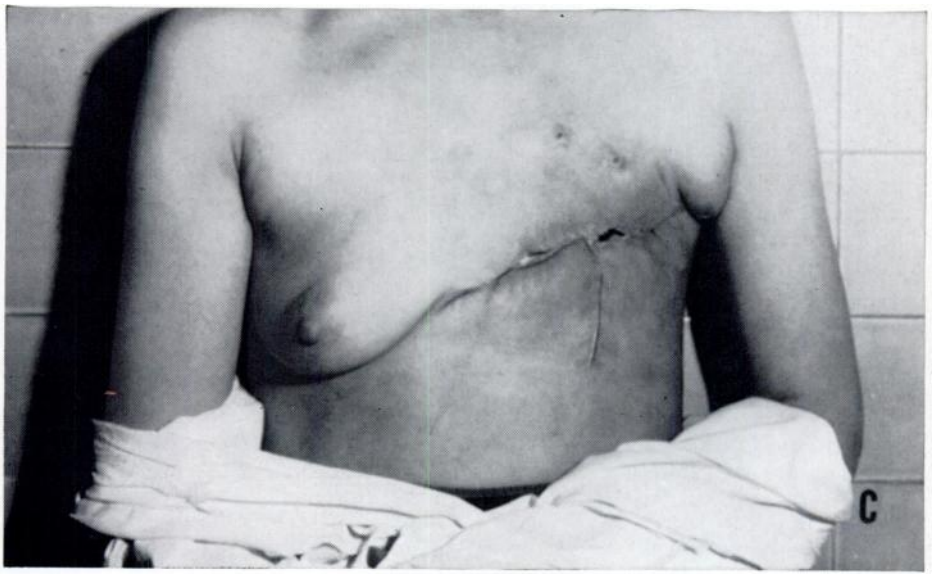

Figure 3