CASE REPORT

Intestinal Intussusception Due To Intestinal Metastasis From Malignant Phylloids Tumor Of Breast: A Rare Case Report

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ABSTRACT

Background: Cystosarcomaphyllodes is an uncommon fibroepithelial breast neoplasm that accounts for 0.5%-1.0% of female breast carcinomas. Most affected women are between 35 to 60 years old. The proportion of duodenal metastases from breast carcinoma has been reported in autopsy series as occuring in more than 15% patients.However, gastrointestinal metastases from phyllode tumor of breast have rarely been reported in the literature. **Case presentation:** A 57-year-old woman presented to our emergency department in March 2023 with complaints of pain abdomen, nausea, vomiting, postprandial epigastric fullness, and discomfort that had started 1 week earlier and progressively got worse. Her symptoms were exacerbated with both solid and liquid food. e patient underwent Explorative laparotomy and intraoperative findings were suggestive of jejunal intussusception with a firm jejunal mass of 2x3 cm, and the small bowel mass with intussusception was resected with primary anastomosis. The surgical pathology revealed a grey-tan mass of 2.5x 2cm with features of a mesenchymal tumor reaching up to the submucosa with no lymph nodal dissection done . There was previous history of lumpectomy of the breast lump from which the IHC was done in May 2023 which revealed a malignant phylloids.Then the patient was advised PET-CT scan in June 2023 which showed metabolic uptake in the colon, brain, bone, and lymph nodes suggestive of metastatic disease and then she was given 30Gy/10 # WBRT in view of brain metswef 24/6/2023 till 7/7/2023 and later she was prescribed tab pazopanib. **Conclusion:** Cystosarcomaphyllodes is an uncommon fibroepithelial breast neoplasm and it tend to metastasize to locations such as the lung, bone, heart, and liver and rarely to small intestine . The treatment of choice for phyllodes tumors is wide surgical excision as there is no available clinical trial data for adjuvant treatment of malignant phyllodes tumors.

INTRODUCTION

Cystosarcomaphyllodes is an uncommon fibroepithelial breast neoplasm that accounts for 0.5%-1.0% of female breast carcinomas. (1-3) . Most affected women are between 35 to 60 years old .(4). These tumors are classified as benign, borderline, or malignant based on the mitotic activity, cellular atypia, and stromal overgrowth.(5)Malignant forms comprise nearly 25% of cases.(6,7)These usually metastasize to the lung, pleura, bone, and liver; however, discrete localization of metastases to areas such as the heart and central nervous system have also been reported. The proportion of duodenal metastases from breast carcinoma has been reported in autopsy series as occuring in more than 15% patients, generally associated with extensive systemic spread, and clinical presentations from such metastases have been described in less than 1% of cases[8]. Lobular infiltrating carcinoma of the breast is the histological type that most frequently metastasizes to the duodenum[8]. Infiltrating ductal carcinoma of the breast has also been reported to metastasize to the duodenum[8,9]. However, gastrointestinal metastases from phyllode tumor of breast have rarely been reported in the literature[9,10].

This report describes, to our knowledge, the case of a patient with malignant phyllodes tumor of the breast who developed intestinal metastases and intussusception.

CASEREPORT

A 57-year-old woman presented to our emergency department in March 2023 with complaints of pain abdomen, nausea, vomiting, postprandial epigastric fullness, and discomfort that had started 1 week earlier and progressively got worse. Her symptoms were exacerbated with both solid and liquid food. On physical examination, the abdomen was distended

with mild tender[1]ness and no rebound pain. Bowel sounds were hyperactive at about 10/minute and over-water sounds could be heard. CECT Abdomen and Pelvis was done which was suggestive of jejunalintussuception with intestinal obstruction with surrounding lymphadenopathy. The patient underwent Explorative laparotomy and intraoperative findings were suggestive of jejunal intussusception with a firm jejunal mass of 2x3 cm, and the small bowel mass with intussusception was resected with primary anastomosis. The surgical pathology revealed a grey-tan mass of 2.5x 2cm with features of a mesenchymal tumor reaching up to the submucosa with no lymph nodal dissection done. The patients was discharged from the hospital without any complication. Then she presented in oncology opd with a post-operative histopathology report of a small intestine mass suggestive of a mesenchymal tumor on proper history taking of the patient she gave a history of a breast lump 2 years back for which she underwent a lumpectomy in Jan 2021 histopathology report of which revealed mesenchymal tumor with inferior margin was involved for which she took no adjuvant treatment. Now, the IHC of the breast lumpectomy specimen was done in May 2023 which revealed a malignant phylloids tumor with the cells being positive for CD34 and negative for CK8/18, P63, and CD117 with Ki67 of 15%. (Figure 1) Then the patient was advised PET-CT scan in June 2023 which showed metabolic uptake in the colon, brain, bone, and lymph nodes suggestive of metastatic disease (Figure 2) and then she was given 30Gy/10 # WBRT in view of brain metswef 24/6/2023 till 7/7/2023 and later she was prescribed tab pazopanib for further management.

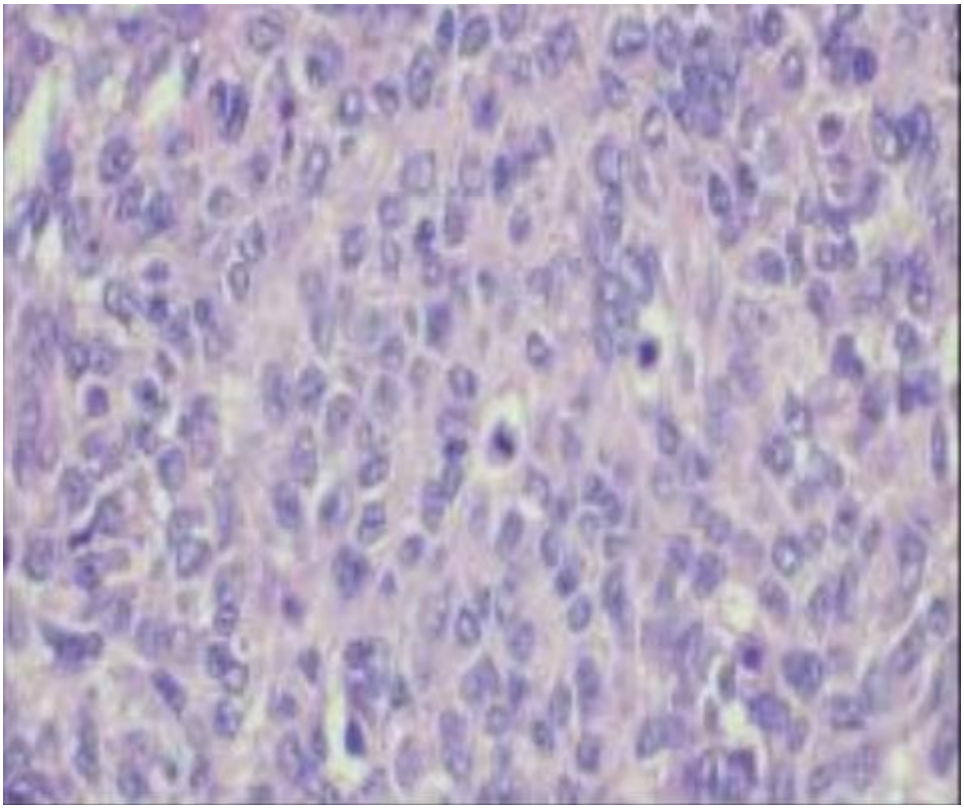

Figure 1: IHC of Breast Biopsy Specimen

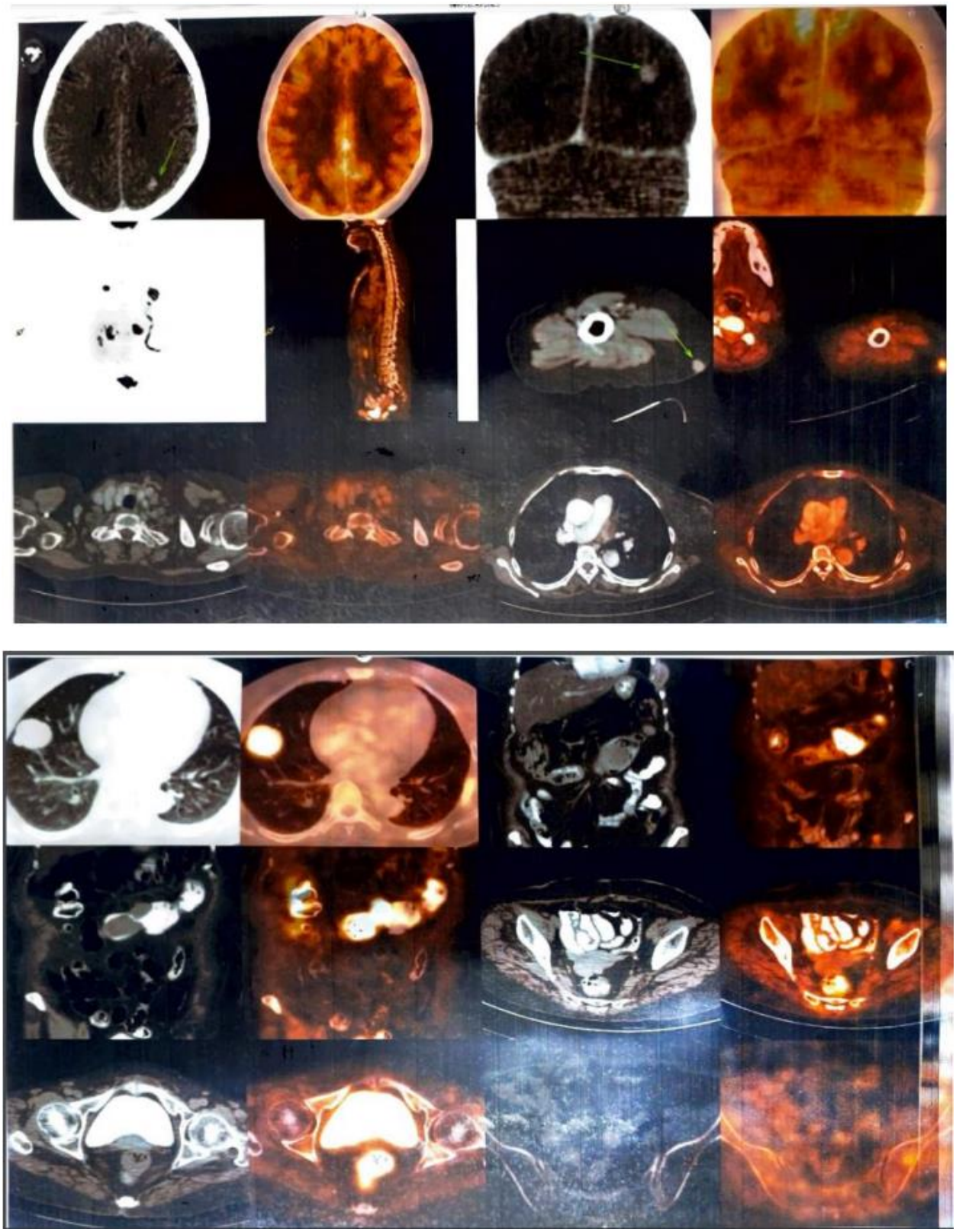

Figure 2: (A) Pet-Ct Of The Patient Figure 2(B) Showing Metastatic Disease

DISCUSSION

Phyllodes tumors or cystosarcomaphyllodes are typically large, fast[1]growing masses that originate from the periductal stromal cells of the breast (.11). In a study, 10% of patients developed local recurrence and 1% of patients developed distant metastases. (4) The important risk factors for local recurrence are histologic grade, tumor margin, and tumor size. The most reliable predictors for the development of distant metastases are stromal overgrowth, nuclear

pleomorphism, and high mitotic activity (6.) Whether both local recurrence and tumor size contribute to the development of distant metastases is controversial. Based on the literature, distant metastases typically develop from 3 to 10 years after the initial diagnosis(6.) Our patient developed distant metastases within 2 years of initial diagnosis. Malignant phyllodes tumors tend to metastasize to locations such as the lung, bone, heart, and liver. (7) Small intestinal metastases have been reported on 2 rare occasions. Those 2 patients had duodenum and ileum metastases, respectively. (5,7) Before they developed distant metastases, both of them experienced local recurrence. Our patient did not develop local recurrence. The treatment of choice for phyllodes tumors is wide surgical excision(3.). Based on the literature, phyllodes tumors are resistant to radiotherapy and chemotherapy. (12) In a study, radiotherapy improves local control but not overall survival. (13) Morales Vásquez et al(14) showed that doxorubicin and dacarbazine did not improve recurrence-free survival in the adjuvant setting. However, Hawkins et al(15) showed that patients respond to ifosfamide alone or combined with doxorubicin in a small study. There is no available clinical trial data for adjuvant treatment of malignant phyllodes tumors. We decided to closely observe our patient by starting her on tab pazopanib.

CONCLUSION

Cystosarcomaphyllodes is an uncommon fibroepithelial breast neoplasm and it tend to metastasize to locations such as the lung, bone, heart, and liver and rarely to small intestine . The treatment of choice for phyllodes tumors is wide surgical excision as there is no available clinical trial data for adjuvant treatment of malignant phyllodestumors.However, Hawkins et as showed that patients respond to ifosfamide alone or combined with doxorubicin in a small study.

BIBLIOGRAPHY

1. Kario K, Maeda S, Mizuno Y, et al. Phyllodes tumor of the breast: a clinicopathologic study of 34 cases. J SurgOncol 1990; 45:46-51.
2. Moffatt CJ, Pinder SE, Dixon AR, et al. Phyllodestumours of the breast: a clinicopathological review of 32 cases. Histopathology 1995; 27:205-18.
3. Reinfuss M, Mitus J, Duda K, et al. The Treatment and prognosis of patients with phyllodes tumor of the breast: an analysis of 170 cases. Cancer 1996; 77:910-6
4. Guillot E, Couturaud B, Reyal F, et al. Management of phyllodes breast tumors. Breast J 2011; 17:129-37.
5. Asoglu O, Ugurlu MM, Blanchard K, et al. Risk factors for recurrence and death after primary surgical treatment of malignant phyllodes tumors. Ann SurgOncol 2004; 11:1011-7
6. Kapiris I, Nasiri N, A'Hern R, et al. Outcome and predictive factors of local recurrence and distant metastases following primary surgical treatment of highgrade malignant phyllodestumours of the breast. Eur J SurgOncol 2001; 27: 723-30.
7. Soumarová R, Seneklová Z, Horová H, et al. Retrospective analysis of 25 women with malignant cystosarcomaphyllodes — treatment results. Arch GynecolObstet 2004; 269:278-8
8. Reiman T, Butts CA. Upper gastrointestinal bleeding as a metastatic manifestation of breast cancer: a case report and review of the literature. Can J Gastroenterol. 2001;**15**:67–71.
9. Wolfson P, Rybak BJ, Kim U. Cystosarcomaphyllodes metastatic to the pancreas. Am J Gastroenterol. 1978;**70**:184–187.
10. Yu PC, Lin YC, Chen HM, Chen MF. Malignant phyllodes tumor of the breast metastasizing to the pancreas: case report. Chang Gung Med J. 2000;**23**:503–507
11. Rowell MD, Perry RR, Hsiu JG, et al. Phyllodestumours. Am J Surg 1993; 165: 376-9
12. Kessinger A, Foley JF, Lemon HM, et al. Metastatic cystosarcomaphyllodes: a case report and review of the literature. J SurgOncol 1972; 4:131-47.
13. Belkacémi Y, Bousquet G, Marsiglia H, et al. Phyllodes tumor of the breast. Int J RadiatOncolBiolPhys 2008; 70:492-500
14. Morales-Vásquez F, Gonzalez-Angulo AM, Broglio K, et al. Adjuvant chemotherapy with doxorubicin and dacarbazine has no effect in recurrence-free survival of malignant phyllodes tumors of the breast. Breast J 2007; 13:551-6.
15. Hawkins RE, Schofield JB, Fisher C, et al. The clinical and histologic criteria that predict metastases from cystosarcomaphyllodes. Cancer 1992; 69:141-7