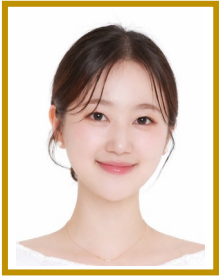


EP-164

국소 진행성 유방 종양을 모방한  
거대 엽상종양 1례

(Angioleiomyoma of the Lower Lip Clinically  
Mimicking a Mucocele: A Case Report)



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**Purpose:** Phyllodes tumors of the breast are rare fibroepithelial neoplasms that account for 0.3 to 1% of all breast tumors. Their inherent recurrence or metastatic potential necessitates surgical removal and histopathological grading. Giant phyllodes tumors over 10cm in diameter are very uncommon in developed nations due to the breast cancer screening system.

**Methods:** This 37 year-old female patient presented with a fungating mass with extensive discharge and surface bleeding for which she had recieved bleeding control several times in the past year. She had never undergone a breast cancer screening. Biopsy was performed suspecting malignancy, but pathology reports suggessted neurofibroma. Computed tomography findings revealed an irregular heterogenously enhancing mass of the left breast, 20cm at maximum length, with areas of low attenuation suggesting cystic degeneration or necrosis. Several left axillary lymph nodes were enlarged.

**Results:** Mastectomy of the lesion resulted in a specimen weighing 2.02kg, and an 22 x 16 cm soft tissue defect with exposed pectoralis major fascia. The patient refused other reconstructive options and coverage was done with a split-thickness skin graft.

Histopathological findings revealed epithelial cells lining clefts and cellular spindle cell stroma, correlating with the diagnosis of phyllodes tumor. Stromal atypia was mild, stromal cellularity mildly increased, and mitotic activity was <5/10 HPF, indicating classification of a benign subtype.

**Conclusion:** Rapidly growing giant phyllodes tumors clinically resemble malignant lesions, with fungating or necrotic areas and high vascularity. Complete surgical excision is crucial, but lymph node dissection is not necessary. Monitoring for local recurrence is essential.



Fig. 1. Preoperative clinical photograph

A large fungating mass occupying the left breast is noted, with surface ulceration, active bleeding, and serosanguinous discharge. The lesion shows rapid growth and extensive skin involvement.

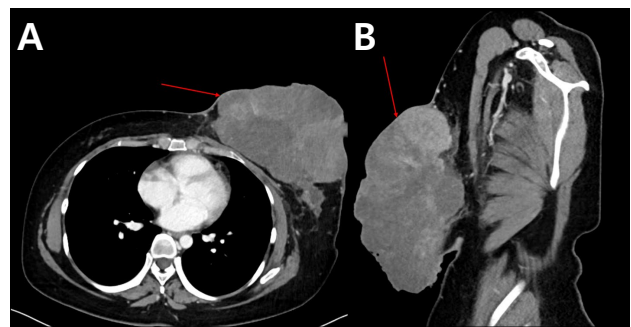
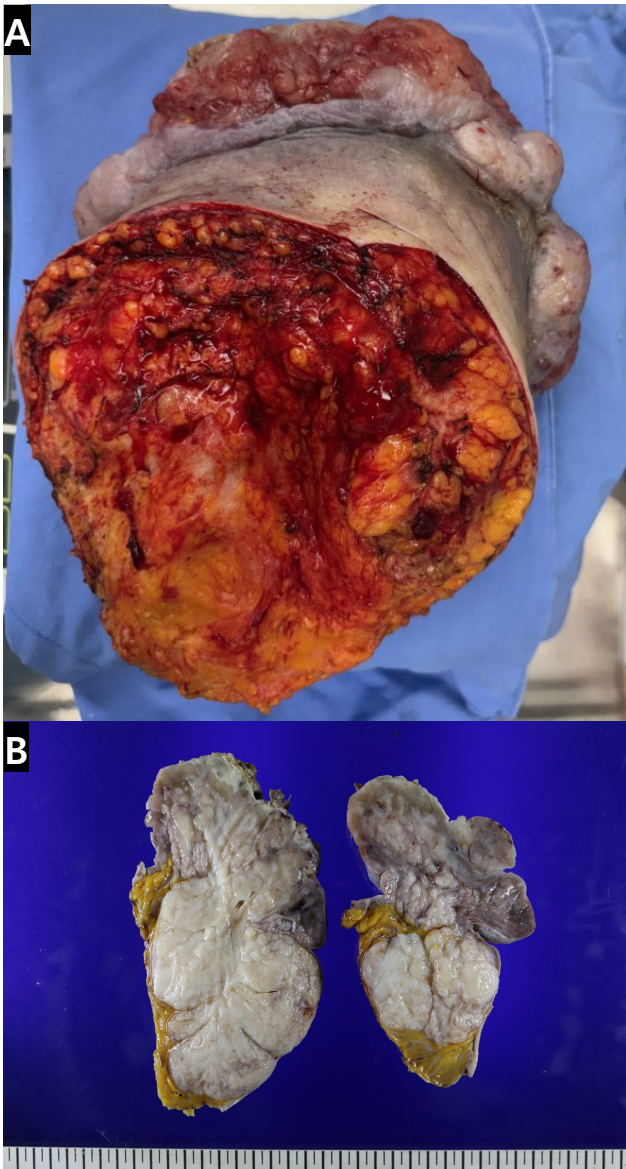
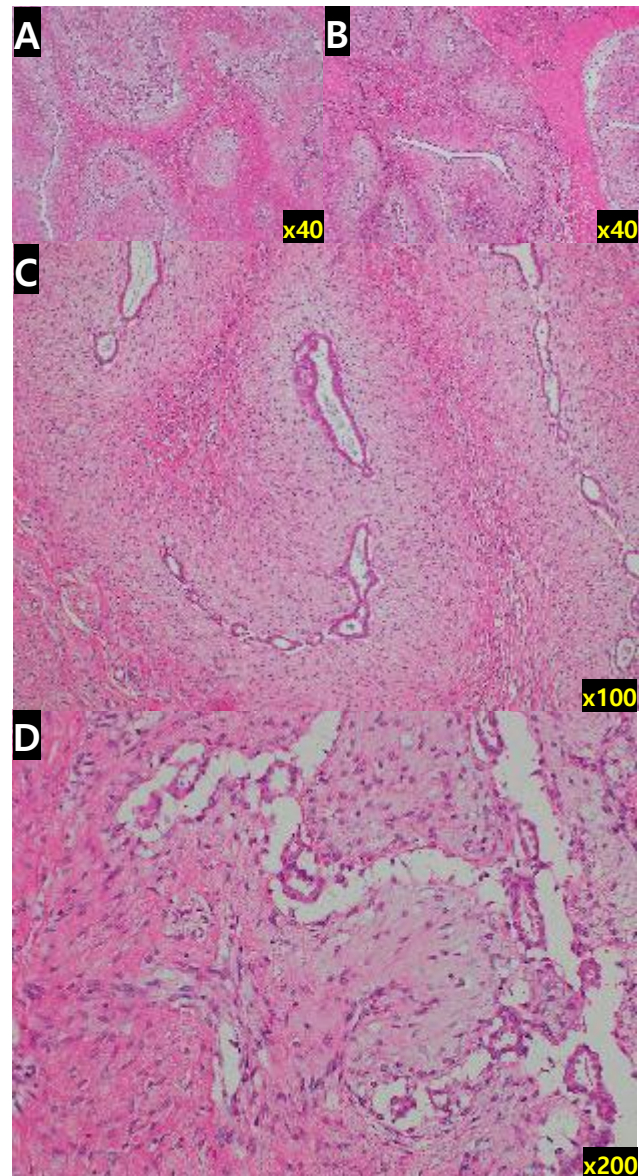


Fig. 2. Preoperative computed tomography (CT) findings.

**Axial (A) and sagittal (B)** contrast-enhanced CT images demonstrate a large, irregular, heterogeneously enhancing mass in the left breast measuring approximately 16×10×20 cm. Areas of low attenuation suggest cystic degeneration or necrosis. Associated overlying skin thickening and multiple enlarged left axillary lymph nodes are noted.



**Fig. 3. Gross findings of the resected tumor.**  
**(A)** The resected specimen shows a large, well-circumscribed, lobulated mass measuring 19.5 × 9.0 cm.  
**(B)** The cut surface is firm and pale gray with a bulging appearance and heterogeneous internal architecture.



**Fig. 4. Histopathologic findings of the tumor.**  
**(A, B)** Low-power views (H & E stain, ×40) demonstrate a biphasic fibroepithelial lesion with characteristic leaf-like architecture.  
**(C)** At intermediate magnification (×100), mildly increased stromal cellularity surrounding epithelial-lined clefts is observed.  
**(D)** High-power view (×200) reveals spindle-shaped stromal cells with mild cytologic atypia and low mitotic activity (<5 per 10 high-power fields), consistent with a benign phyllodes tumor.