INTRODUCTION

Mammary-type fibroepithelial neoplasms of the vulva are rare lesions of uncertain histogenesis. Origins from ectopic breast tissue and from anogenital glandular tissue that shares similar histologic homology with breast tissue have been postulated.

Mammary-like tissue of the vulva can present as a small nodular swelling and a variety of breast diseases may arise. Lactating adenoma, fibroadenoma, pseudoangiomatous stromal hyperplasia and mammary type carcinomas have been described in the vulva. Phyllodes tumor is a fibroepithelial neoplasms that account for less than 1% of all breast tumors and its occurrence in the vulva is extremely rare.

We present a case of benign phyllodes tumor of the vulva in a 41-year-old woman. To our knowledge, this has only been described in literature in fourteen other case reports.

Consent with patient was obtained in order to publish this case report.

CASE REPORT

A 41-year-old woman was referred to evaluation for a vulvar mass. She complained of a vulvar tumor of progressive growth for the previous 9 months, not painful. She denied any acute pain, drainage or purulent discharge. Previous medical history was irrelevant. Physical examination revealed a well-circumscribed, 4x3cm, nodule located on the left labium majus. The tumor was firm and movable and not adhered to skin or other structures. Aspiration with needle was tried without success. The remainder of the gynecological and inguinal examination was normal. A simple excision was performed and during surgery the tumor was found to be a solid, firm mass, not adhered to other structures, well circumscribed and easily excised. Gross examination of the tissue revealed smooth-surfaced, pinkish-gray mass measuring 3.2 x 2.3 x 0.8cm with cystic projections and hypercellular stroma. Pathological examination showed a complete excision of phyllodes tumor on ectopic breast tissue. No recurrence has been detected after 6 months of follow-up.

DISCUSSION

Histological origin of mammary-type vulvar lesions remains uncertain. There is some controversy of its ectopic mammary tissue derived lesions, cutaneous apocrine glands and, most recently, lesions derived from mammary-like anogenital glands. Ectopic breast
tissue has been the most frequently cited source, but adjacent extralesional ectopic breast tissue has only been poorly documented. Nonetheless, both ectopic breast tissue and mammary-like anogenital gland are susceptible to physiologic, dysplastic and malignant changes and its clinical presentation and subsequent behavior is comparable to lesions derived from the breast. There have been reported cases of benign and malignant lesions in the vulva such as invasive ductal carcinoma, ductal carcinoma in situ, lobular carcinoma, sarcoma, inflammatory carcinoma, adenocarcinoma, phyllodes tumor and fibroadenoma.

Phyllodes tumor of the vulva is histologically similar to phyllodes tumor of the breast. There are some reports of its occurrence in the axilla and prostate. It is classified in benign, borderline or malignant according to its cellularity and mitotic activity. Most patients present with a painless cystic vulvar swelling or nodule. Most tumors are located in labium majus but other locations described include interlabial sulcus, mons pubis and perichitorial sites. Reports range from solitary tumors to bilateral and separate nodules. Current mainstay of therapy is surgical resection with clear margins, being definitive in most cases.

Due to its rarity there is little information about the natural course of this disorder and prognosis is uncertain. Local recurrence seems to be the most common complication and there are no reports on metastatic tumors. Since accurate diagnosis previous to the excision is rare, a proper surgical margin is needed to avoid local recurrence, or if needed, a re-excision for proper margins.

Our case was diagnosed as a benign phyllodes tumor after surgical excision, nonetheless, free margins were obtained and local recurrence was not documented when last seen, at 6 months of follow-up. As the prognosis is unclear because of the rarity of the tumor and paucity of published data on this rare tumor, close follow-up is warranted, irrespective of histologic categorization, and patient will be evaluated further on.

REFERENCES

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**FIGURE 1.** Tumor in the left labium majus

**FIGURE 2.** Macroscopic picture of the tumor
Phyllodes tumor or of the vulva – a rare diagnosis


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RECEBIDO EM: 14/03/2017
ACEITE PARA PUBLICAÇÃO: 10/05/2017