

CO-EXISTENT LEIOMYOMA UTERUS AND PHYLLOIDES TUMOURS OF BREAST

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SUMMARY

Five patients with co-existent leiomyoma uterus and phylloides tumours of breast have been presented. The association was found in premenopausal women who were mostly infertile. 3 women required simple mastectomy as a primary procedure because of mammoth size and one patient had mastectomy after three recurrences. Incidentally, this infertile patient with recurrence had myomectomy and conservation of functional ovaries. Only 3 out of 5 women had menstrual problems and in an asymptomatic women, fibroid was detected on ultrasonography by a surgeon. Routine examination of breasts and pelvic examination are suggested. Review of literature suggests oestrogen hormone association.

INTRODUCTION AND ETIOPATHOGENESIS

Leiomyoma of uterus is a very common tumour in females while fibroadenoma of breasts is relatively less common and phylloides tumours of breast (a term coined by W.H.O. in preference to cystosarcoma phylloides) is rare, Schwartz et al (1988) observed that in great majority, phylloides

tumours of breast (PTB) is a 'benign variant of fibroadenoma' and giant intracanalicular or pericanalicular fibroadenoma are terms synonymous to benign PTB. While fibroadenoma is mostly of epithelial origin, PTP is mostly non-epithelial and stromal. Though rarely malignant, PTB tends to recur locally and is associated with an increased incidence of cancer. Invasive and non-invasive carcinomata have also been reported in pre-existing fibroadenoma of breast

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Table I

Case No.	Name, age & Parity	Presenting complaints	On Examination	Nature of Surgery	Remarks
1	Mrs. S.D., 42 years para 1 + 0	a) Menorrhagia b) Lump in left breast	a) Uterine lump about 8 cm dia b) Breast lump about 10cm x 6cm x 6cm	ATH-BSO* and removal lump	No recurrence upto 5 years followup
2	Mrs. I.D., 46 years Nulliparous	a) Menorrhagia b) Lump in right breast	a) Uterus corresp. to 8 weeks size of gravid uterus b) Breast lump 15cm x 10cm x 8cm	Simple mastectomy (Nulliparous village lady refused surgery for uterine fibroid)	Lost in follow-up.
3	Mrs. M.R.C., 35 years Nulliparous, married	a) Menorrhagia b) Right breast lump (past lumpectomy 2 yrs ago)	a) Uterus about 10cm x 5cm x 5cm b) Breast lump about 6cm x 4cm	Myomectomy with excision of breast lump	Recurrence in one years Excision
4	Mrs. C.B., 35 yrs., Nulliparous married 10 yrs. attended surgical OPD	a) Left breast lump b) Infertility	a) Mammoth breast lump b) USG revealed multiple fibroid uterus (In surgical OPD pelvic exam. was not done)	Simple mastectomy (patient refused surgery for uterine fibroid)	Recurrence after 2 yrs. Simple mastectomy No problem till recent one year follow-up. No problem upto one year follow-up.
5	Miss M.D. 40 yrs.	a) Lump in abdomen b) Lump in right breast	a) Uterus-enlarged to xiphisternum b) Breast lump 15cm x 8cm x 6cm	ATH-BSO and simple mastectomy	No problem upto one year follow-up

NB : *ATH-BSO - Abdominal total hysterectomy with bilateral salpingo-oophorectomy.

(Sabiston, 1991). Uterine leiomyoma too can have sarcomatous change. An early diagnosis is thus essential for any such condition.

It is possible for PTB to arise by chance in patients having uterine fibromyoma, but the fact that patients are found having simultaneously both the diseases, raises the crucial question - does an association exist ?

PTB has been described to occur exclusively in female breasts (Sabiston, 1991). Can there be common hormonal factors which determine development of both ? What parts are played by the general hormonal milieu of these patients who are mostly infertile ?

Forbes (1968) commented that most fibroadenomata contain measurable oestrogen receptors and appear to be highly sensitive to plasma oestrogens. Enman (1988) observed that leiomyomatous growths, under conditions of high oestrogen stimulation, are supported by the presence of cytosol oestrogen receptors and cytosol progesterin receptor stimulated by circulating oestradiol. Rajan (1988) observed that presence of oestrogen receptors in breasts have been well-documented and that "estrogen may induce cystic or dysplastic changes". Ritchie (1990) commented that in leiomyoma "the ratio of estrogen receptors to progesterin receptors is higher in fibroids than in the surrounding myometrium". Danforth and Scott (1991) commented that a relative estrogen excess or a progesterone deficiency in the luteal phase may predispose to fibrocystic breast diseases.

There is, thus an attempt to implicate hormonal factor in the genesis of both

these tumours.

CASE RESULTS

Five cases having both PTB and leiomyoma uterus are presented in Table V. All the patients were premenopausal (35 years of age or over) and mostly nulliparous. Only 3(60%) of the 5 patients with fibroids uterus had menstrual complaints. All the patients complained of breast lump, 4(89%) out of 5 had very big lumps, and all had surgery for the tumour. But at least 2 of the nulliparous patients refused surgical treatment of uterus fibroid even though one of them had menorrhagia. In at least one patient who had myomectomy (and ovaries conserved with persistent hormonal influence), the breast lump recurred thrice and ultimately mastectomy had to be done.

Histopathological report of uterine lump revealed leiomyoma in every case while breast lumps showed evidences of phylloides tumour with highly cellular stroma.

COMMENTS

Co-existent leiomyoma uterus and phylloides tumours of breast is an interesting observation - not well-documented in literature. The reason may be reluctance of the gynaecologists to routinely examination of breasts while the general surgeons does not want to be bothered with female genital organs. In the series presented, all the women presented with breast lump and the majority required mastectomy because of mammoth size. An early diagnosis could perhaps save many women from mastectomy. It also needs further observation whether func-

tional ovaries conserved had any influence on recurrence of PTB. Fortunately, in the series presented, there was no evidence of malignancy either in the uterus or breast lumps. Chances of malignancy, however small, indicated routine breast and pelvic examination for early detection of tumour.

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