

CASE 4

Microscopy

This is a fibroepithelial lesion showing an increase in stroma with ill-defined border and cleft-like/leaf-like architecture. There is periductal stromal condensation, moderate increase in stromal cellularity with focally moderate cytological atypia and mitotic activity (7/10 HPF). No sarcomatous features are seen. No necrosis is present. No definite stromal overgrowth is present. Usual type ductal hyperplasia without atypia is seen. The lesion extends to margins.

Favoured diagnosis

The morphological features favour a diagnosis of **PHYLLODES TUMOUR** **BORDERLINE TYPE** in this section.

Further work

These lesions can contain elements of benign, borderline and malignant, so correlation with the macroscopic appearance, adjuvant and ensuring adequate sampling of the whole lesion is critical. MDT discussion regarding surgical margins, further treatment and follow-up.

Comment

The definition of borderline phyllodes tumour is arbitrary as the WHO 2012 guidelines mention a phyllodes tumour that does not meet all the criteria for malignant phyllodes, and mentions that mitotic activity is an important parameter to distinguish benign (25/10 HPF) and borderline (5-9/10 HPF) phyllodes tumours. These tumours have uncertain malignant potential, local recurrence rates can be as high as 25%.