

IMAGES IN EMERGENCY MEDICINE**Obstetrics and Gynecology**

Anemia and giant breast mass

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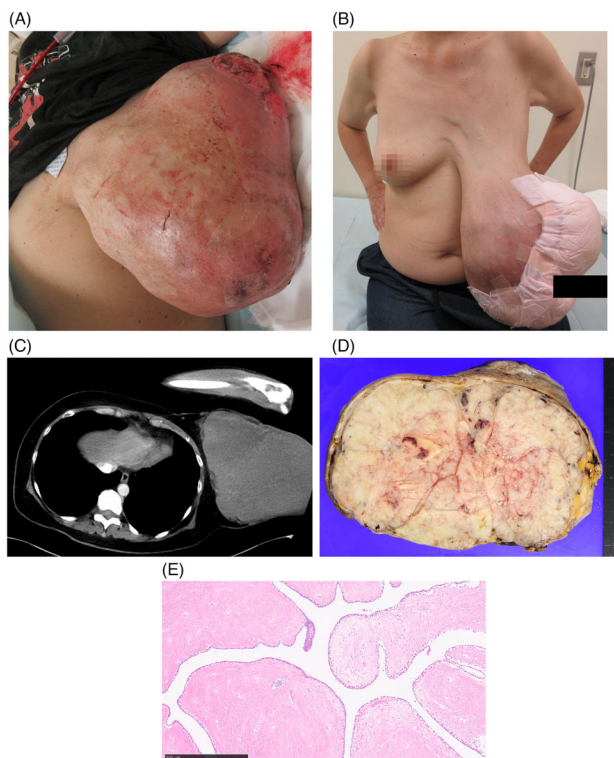
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KEYWORDS

anemia, breast, phyllodes tumor

1 | CASE REPORT

A 65-year-old female was transported to the emergency department with anemia and bleeding from her left giant protruding breast mass



with skin ulcers (Figure 1A,B). She first recognized the mass 3–4 years ago, which was gradually growing and started forming skin ulcers and bleeding about a month ago. Contrast computed tomography (CT) scan showed a giant left breast tumor with poor contrast enhancement and slightly enlarged axillary lymph nodes (Figure 1C). Total mastectomy with axillary lymph node dissection was performed. The resected tumor weighed 5.6 kg. Cut surface of the tumor showed circumscribed, lobular structures (Figure 1D). Microscopic examination revealed leaf-like biphasic epithelial patterns and subepithelial accentuation of stromal cellularity without stromal overgrowth, cellular atypia, and mitosis, with stromal hyalinization (Figure 1E). The tumor was not exposed to skin surface. Surgical margins and lymph nodes were negative. The patient was discharged without major postoperative complications.

2 | DIAGNOSIS: PHYLLODES TUMOR OF THE BREAST (BENIGN)

Phyllodes tumor of the breast is a fibroepithelial neoplasm, accounting for 0.3%–1% of breast tumors,^{1,2} and typically presents as a firm

FIGURE 1 (A and B) A giant phyllodes tumor in the left breast with skin ulcers. (C) Contrast computed tomography (CT) scan showed a giant tumor in the left breast with poor contrast. Some parts of the tumor were outside of the field of view. (D) Cut surface of the formalin-fixed resected tumor showed lobulated structures. (E) Microscopic examination revealed leaf-like biphasic epithelial pattern without stromal overgrowth, accompanied with stromal hyalinization. Scale bar = 500 μ m.

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unilateral breast mass in middle-aged women.¹⁻³ Phyllodes tumors are histologically classified as benign, borderline, and malignant.¹ Skin ulcers can be formed even without direct skin invasion of a tumor, as rapid tumor growth could outpace skin extension and cause cutaneous ischemia.⁴ Both skin ulcer bleeding and intertumoral hemorrhage can contribute to anemia. Complete wide excision is the primary curative therapeutic option, but still warrants monitoring for local recurrence, occurring in 21% of phyllodes tumors overall.^{3,4}

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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How to cite this article: Muroyama Y, Yanagaki M, Ebata A, Yamazaki Y, Ishida T, Suzuki T. Anemia and giant breast mass. *JACEP Open*. 2024;5:e13298.
<https://doi.org/10.1002/emp2.13298>