

Hypertrophic osteoarthropathy from pulmonary metastatic phyllodes tumour of the breast

A 28-year-old woman presented with a 3-month history of wrist and ankle pain, lethargy and weight loss. She had clubbing of the fingers (Box 1) and toes. A bone scan (Box 2) and chest x-ray (Box 3) revealed periostosis in the wrists and pulmonary metastases, respectively. Two years earlier she had been diagnosed with a malignant phyllodes tumour of the left breast (Box 4), which was treated by mastectomy and axillary dissection.

Hypertrophic osteoarthropathy (HOA) secondary to pulmonary metastatic phyllodes tumour was diagnosed. HOA is a paraneoplastic syndrome characterised by digital clubbing, polyarthralgia and periostosis.¹ The joint pain, resistant to non-opiate and opiate analgesia, responded to intravenous pamidronate. There was no tumour response to chemotherapy with adriamycin and ifosfamide.

Phyllodes tumours are fibroepithelial lesions arising from intra-lobular breast stroma. They account for less than 1% of breast

neoplasms. Treatment is by surgical resection. About 20% of patients with phyllodes tumours develop distant metastases, and long-term survival in these women is rare.²

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1 Landrum ML, Ornstein DL. Hypertrophic osteoarthropathy associated with metastatic phyllodes tumor. *Am J Clin Oncol* 2003; 26: 146-150.

2 Parker SJ, Harries SA. Phyllodes tumours. *Postgrad Med J* 2001; 77: 428-435. □

1 Digital clubbing



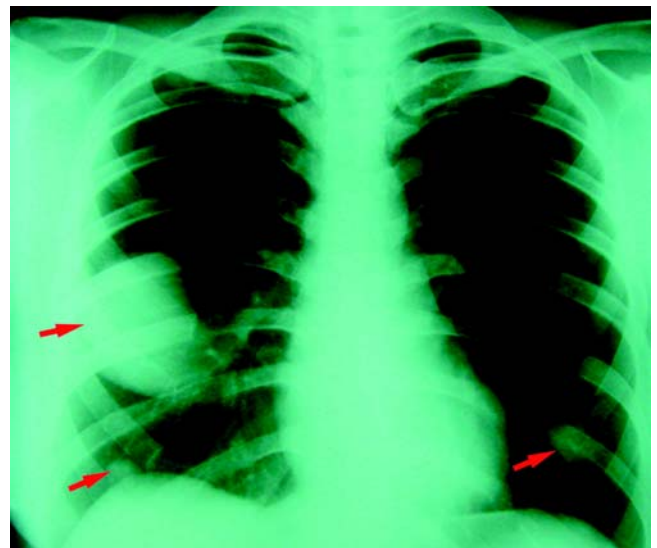
The distal portions of the fingers show characteristic thickening.

2 Wrist views from whole-body bone scan



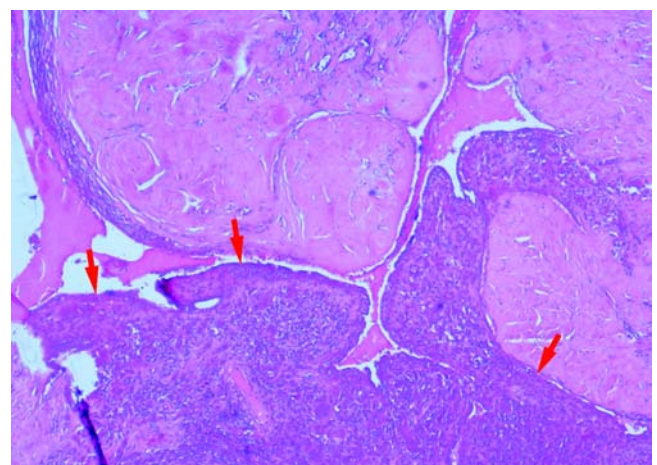
Note the symmetrical increased radioisotope uptake (arrows) in the periosteum of the distal radius and ulna.

3 Chest x-ray



Multiple "cannon ball" pulmonary metastases are present (arrows).

4 Histopathological specimen from mastectomy



A malignant phyllodes tumour with a sarcomatous stromal component is present (arrows) (haematoxylin-eosin stain, x12.5)