

<https://doi.org/10.29289/259453942022V32S1034>

519 - FIBROADENOMA AND PHYLOID TUMOR: CLINICAL DIFFERENCES AND IN IMAGING EXAMINATIONS

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Introduction: Among the fibroepithelial lesions, there are fibroadenoma and phyllodes tumors (PTs) that are breast neoplasms. Both of them offer breast lumps. Fibroadenoma is the most common benign breast lesion in young adult women. It has limited growth and does not usually exceed 2 cm, and in some cases it can present itself as a giant. More commonly, it affects the upper lateral quadrant, and it can be located in any quadrant, multiple, unilateral or bilateral forms. PTs represent less than 1% of fibroepithelial tumors in the breast, being more common around the age of 40. It can be benign, borderline, or malignant. **Methods:** An analysis about the theme was carried out in scientific articles using the various academic means of electronic data, with an emphasis on SciELO, Google Academic, LILACS, RBGO, BVS, and CAPES. A comparative study of fibroadenoma and PT was performed from 2018 to 2022. **Results:** Fibroadenoma is usually slow growing and painless. The association of clinical and imaging findings makes the follow-up of these lesions quite reliable. In contrast, PT manifests as a faster growing nodule that can be repeated even after excision and/or metastasize. The differential diagnosis between the two tumors is of extreme importance, bearing in mind the prognosis and therapy to be used in each one. Imaging tests, such as mammography and ultrasound, do not show pathognomonic signs of PT; however, as a support in diagnosis, ultrasound is a reliable method in cases of large and well-defined tumors, due to the presence of cystic areas interspersed with the solid mass. As for fibroadenoma, cytology associated with the clinical and imaging is part of the triple diagnosis, in case of doubt, FNA is added, which has a specific cytological aspect. **Conclusion:** Fibroadenoma is usually slow growing and painless. The association of clinical and imaging findings makes the follow-up of these lesions quite reliable. In contrast, PT manifests as a faster growing nodule that can be repeated even after excision and/or metastasize. The differential diagnosis between the two tumors is of extreme importance, bearing in mind the prognosis and therapy to be used in each one. Imaging tests, such as mammography and ultrasound, do not show pathognomonic signs of PT; however, as a support in diagnosis, ultrasound is a reliable method in cases of large and well-defined tumors, due to the presence of cystic areas interspersed with the solid mass. As for fibroadenoma, cytology associated with clinical and imaging is part of the triple diagnosis, in case of doubt, FNA is added, which has a specific cytological aspect.