Radio Induced Angiosarcoma

Sara Sentí Farrarons¹, Lidia Blay Aulina¹, Lidia Blay Aulina¹,* Iciar Mascual Miguel² and Joan Francesc Julián Ibàñez¹,²

¹Department of General and Digestive Surgery, Hospital Germans Trias i Pujol, Barcelona, Spain
²Department of Breast Surgery, Hospital Germans Trias i Pujol, Barcelona, Spain

Clinical Image

We present a 63-year-old woman with history of left breast tumour, infiltrating ductal carcinoma in 2003 and right breast neoplasm, type multifocal ductal carcinoma in 2012. For both injuries she received surgery and radiotherapy. Patient’s genetic study was carried out, revealing BRCA2 mutation. She consulted in May 2019 with a one-month history of red popular skin eruptions in internal quadrants of the right breast, rapidly evolving. Those physical findings were pathognomonic for Angiosarcoma (AS) [1]. During examination, cutaneous punch was performed and skin lesions were submitted for biopsy, being positive for AS. To complete the study, urgent mammography, ultrasound and MRI of the breast were requested, which reported thickening and skin nodules [2].

After discussing the case in a breast multidisciplinary committee, a total mastectomy and TRAM (Transverse Rectus Abdominosus Muscle flap) was the surgical option proposed to the patient [3,4]. The procedure was performed with no incidences and definitive AP confirmed the diagnosis, with tumour-free margins >1 cm.

References