DERMATOLOGICAL SURGERY

EPITHELIAL TUMORS MIMICKING ANGIOSARCOMA: A CASE SERIES

K Habaluyas [1] - C Tan [1]

St. Luke's Medical Center, Department Of Dermatology, Quezon City, Philippines [1]

Background: Angiosarcoma is a rare, aggressive malignant tumor of endothelial cell origin with a predilection for the skin and superficial soft tissues. Early diagnosis is imperative to facilitate proper management and increase overall survival rate, given its high rate of metastasis.

Observation: We report 2 cases of angiosarcoma with varied presentations that clinically mimicked epithelial tumors. Case 1 is a 71-year old with a 7-month history of an asymptomatic solitary erythematous papule on the scalp, which rapidly progressed into a non-healing wound. Physical examination revealed a solitary 5x3cm ulcer with a surrounding ill-defined erythematous patch and loss of hair. There was swelling of left eye and left ear.
Case 2 is a 79-year old with a 9-month history of a solitary erythematous nodule, which later increased in size with new onset of dusky red patches and plaques on the scalp. Physical examination revealed a solitary erythematous nodule and several dusky red to violaceous, some black patches and plaques on the parieto-occipital areas of the scalp.
Case 1 was initially diagnosed as Squamous cell carcinoma while Case 2 was diagnosed as Melanoma. Skin punch biopsies presented with features consistent with Angiosarcoma composed of a poorly circumscribed proliferation of anastomosing dilated blood vessels lined by plump protuberant endothelial cells. Staining with CD31 and CD34 confirmed the diagnosis of Angiosarcoma. Both cases were referred for radiation therapy with significant reduction in size and erythema of the lesions after 3-5 sessions.

Key Message: Angiosarcoma is a rare, malignant tumor that can have varied presentations that can easily be mistaken for an epithelial tumor. A comprehensive history and complete physical examination are warranted to facilitate early diagnosis. An index of suspicion of angiosarcoma should warrant a skin punch biopsy with hematoxylin and eosin stain and confirmed with at least CD31 and/or CD34 immunohistochemistry stain.