



DERMATOLOGICAL SURGERY

EXCISION AND RECONSTRUCTION OF FLUOROSCOPY-INDUCED CHRONIC RADIATION DERMATITIS AFTER CORONARY ANGIOPLASTY WITH LOCAL FLAP.

Muge Gore Karaali⁽¹⁾ - Soner Karaali⁽²⁾ - Mehmet Salih Gurel⁽³⁾

Istanbul Training And Research Hospital, Dermatology, Istanbul, Turkey⁽¹⁾ - Istanbul University Istanbul Faculty Of Medicine, Plastic Reconstructive And Aesthetic Surgery, Istanbul, Turkey⁽²⁾ - Medeniyet University Faculty Of Medicine, Dermatology, Istanbul, Turkey⁽³⁾

Background: Fluoroscopy has been using widely especially for minimally invasive procedures. It enables a real time vision in operations. The diagnosis of fluoroscopy-induced chronic radiation dermatitis may be undermined because of unawareness of the patients to radiation exposure in surgical procedures. Prolonged or multiple procedures increases the risk of acute and chronic skin damage. Due to the risk of malignancy development early recognition is important. No ideal treatment guidelines exist in the literature.

Observation: A 68-year-old man with hypertension, diabetes mellitus and severe coronary artery disease presented with a non-healing ulcer on a stiff plaque on his back for one year. He had a history of coronary angioplasty and stenting guided with fluoroscopy 7 years ago lasting 5 hours in the first and 3 hours in the next day. He had undergone angioplasty again lasting 3 hours 2 years ago. One year after the second intervention a 5x5 cm erythematous demarcated plaque and one year later an ulcer was advanced with no respond to topical therapies with antiseptics, petrolatum, etc. Punch biopsy showed radiation dermatitis. On dermatologic examination a 4x5 cm erythematous, violaceous telangiectatic, sclerotic rectangular- shaped plaque and a 2,5x5 cm well demarcated green-grey colored, necrotic, crusted ulcer on his left scapular region was observed. According to patient's history of fluoroscopic exposure corresponding to the site of involvement, with clinical and histopathologic findings the patient was diagnosed with "Fluoroscopy-induced chronic radiation dermatitis". Due to the risk of malignancy development on the lesion it was excised completely from its erythematous border and reconstructed with rhomboid flap. Excisional biopsy showed chronic radiation dermatitis with no malignancy.

Key message: Fluoroscopy-induced chronic radiation dermatitis may occur even minimal exposure to fluoroscopy. Due to surveillance for radiation-induced malignancies complete surgical excision and reconstruction according to the defect may be preferable as a treatment option.

