



DERMOSCOPY AND SKIN IMAGING

## DERMOSCOPY OF CUTANEOUS ANGIOSARCOMA – ANOTHER TWO CASES

*M Sobjanek<sup>(1)</sup> - M Slawinska<sup>(1)</sup> - W Biernat<sup>(1)</sup> - R Nowicki<sup>(1)</sup>*

*Medical University Of Gdansk, Department Of Dermatology, Venereology And Allergology,  
Gdansk, Poland<sup>(1)</sup>*

Background: Cutaneous angiosarcoma (CA) is a rare, aggressive tumour of endothelial origin. Its incidence is estimated to 0.01 / 100 000 / year. According to the literature there are three main subtypes of the neoplasia: sporadic CA of the scalp and face, radiation-induced CA and lymphedema associated CA. The final diagnosis is based on histopathological and immunohistochemical evaluation. Clinical diagnosis of the tumour may pose a challenge, as it may mimic hemangiomas, inflammatory dermatoses, tumid lupus, cellulitis or bruising. Dermoscopic features of CA are poorly investigated. According to the Cozzani et al. CA should be considered in every case of vascular lesion with the absence of lacunae and the presence of ecchymotic colors and color variegation (gradation of red, purplish, pink and blue structureless areas). CA may additionally reveal the presence of polymorphic vascular pattern, yellow clods and white lines.

Observation: We present clinical, dermoscopic and histopathological features of two patients with sporadic CA of the scalp and face.

Patient 1 was 84-year old woman who presented with multiple, coalescent, partially ulcerated and bleeding forehead nodules and plaques gradually progressing for the previous a 3 months. Dermoscopy revealed the gradation of colors (purple, violet, pink, red), white lines, white clods (follicle openings).

Patient 2 was 67-year old man who presented with a single, infiltrated, vascular nasal plaque which was gradually growing for the previous 10 months. Dermoscopy revealed the gradation of colors (purple, different shades of pink) and white-yellowish clods (follicle openings).

Key message: Dermoscopy may assist in initial differentiation between CA and benign hemangiomas and inflammatory dermatoses. Histopathological verification is mandatory in any fast-growing vascular lesion.

