VASCULAR DISEASE, VASCULITIS

A CASE OF STEWART-TREVES SYNDROME OF THE LOWER LIMBS

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Background: Stewart-Trevers syndrome (STS) refers to the association of cutaneous angiosarcoma, a rare and aggressive malignant tumor accounting for 1%-2% of all soft tissue sarcomas, arising in the setting of chronic lymphedema of any origin.

Observation: A eighty-five years old woman referred to our department for a painful, bleeding, ulcerated red to violaceus plaque, measuring 12x4 cm, located on the pretibial surface of right leg. The lesion was surrounded by red to violaceus satellite macules and plaques. The patient also presented a long-standing condition of chronic lymphedema in lower limbs. Her medical history was positive for urothelial carcinoma (pTa G1) treated with transurethral resection and intravescical chemotherapy with epirubicin in 2011, type II diabetes with chronic obstructive arteriopathy, hypertensive cardiopathy, sigmoid diverticola, intestinal polyposis and chronic kidney disease. Dermoscopic examination showed blue, dark red and violaceus areas, whitish veil and white lines. Histology showed dermal proliferation of vascular structures with an high mitotic index and atypical mytosis. A diagnosis of Stewart-Treves Syndrome was performed.

Key message: Cutaneous angiosarcoma is a rare and aggressive disorder of vascular and lymphatic vessels with radical resection being the treatment of choice. Dermoscopy may be an important aid in early diagnosis, orientating in vascular lesions differential diagnosis for the lack of well definite vascular structures which can be seen in angiomas or pyogenic granuloma. Even if histology remains strictly necessary for angiosarcoma diagnosis, dermoscopy may represent an useful tool for a prompt diagnosis and treatment, differentiating from other vascular lesions.