



Radio Induced Angiosarcoma

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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 Abdominus 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.



Figure 1: Patient's physical examination before surgery.

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Received Date: 27 Jul 2019

Accepted Date: 27 Aug 2019

Published Date: 02 Sep 2019

Citation:

Farrarons SS, Aulina LB, Miguel IM, Julián Ibañez JF. Radio Induced Angiosarcoma. *Clin Surg.* 2019; 4: 2557.

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Figure 2: Intraoperative image, total mastectomy.

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