

Recurrent Breast Angiosarcoma on a Mastectomy Scar: A Case Report

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Abstract : Breast angiosarcomas are rare tumors among breast sarcomas. They are vascular tumors that pose a differential diagnostic challenge with hemangiomas, with a tendency for metastatic recurrence, particularly at the visceral level. The diagnosis is histological and is confirmed by immunohistochemistry. Surgery remains the cornerstone of therapeutic management.

Keywords : Primary Breast Angiosarcoma, Mastectomy, Vascular Tumor.

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I. INTRODUCTION

Breast angiosarcomas account for 0.04% of malignant breast tumors [1]. These tumors affect young women during their reproductive years, and several risk factors have been implicated in the development of these neoplasms [2]. This allows the distinction of two types of angiosarcomas:

Primary Angiosarcoma Secondary angiosarcoma:
chronic lymphedema, radiotherapy, breast trauma A genetic predisposition has also been described in the literature [3].

II. PATIENT OBSERVATION

A 68-year-old patient presents with a mass in the left breast.

➤ *Clinical Examination:*

- Left breast: site of a necrotic, ulcerated, and exophytic mass measuring 10 × 6 cm
- Right breast: no palpable nodule
- Lymph node areas: no palpable lymphadenopathy



Fig 1 Clinical Examination

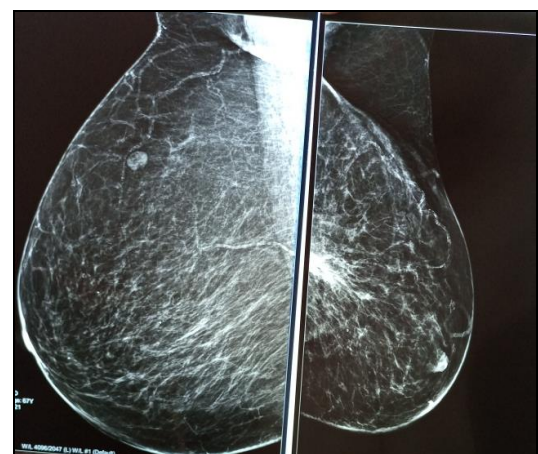


Fig 2 Mammography

➤ *Spiculated Opacity*

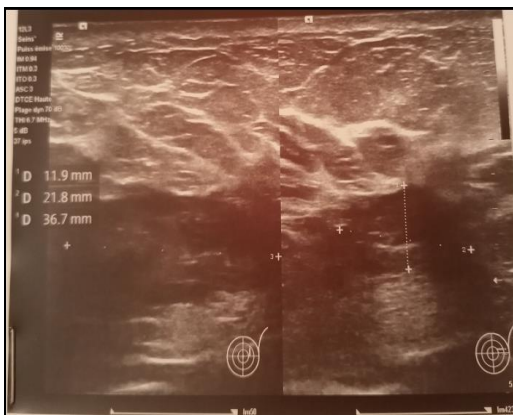


Fig 3 Breast Ultrasound Findings

Presence of a tissue lesion spiculated margins, hypoechoic with posterior acoustic attenuation, oriented perpendicularly to the skin, measuring 36 × 21 x 11 mm.

- *Histopathological Examination:*
angiosarcome mammaire.
- *Staging Workup:*
No tumoral cells.
- *Left Breast Radical Mastectomy:*



Fig 4 Surgical Exploration



Fig 5 Operative Specimens

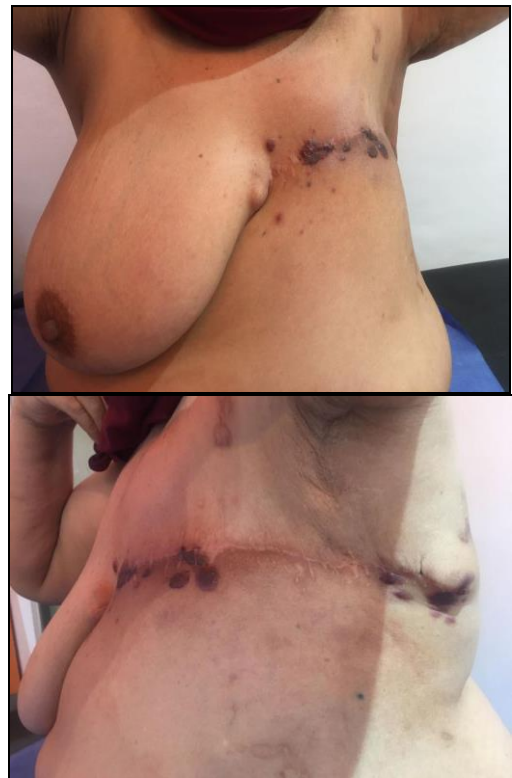


Fig 6 Postoperative Outcome three Weeks After the Left Mastectomy Scar.

➤ *Macules on the Left Mastectomy Scar*

- *Histopathological Examination:*
Recurrent breast angiosarcoma on a mastectomy scar.

III. DISCUSSION

Breast angiosarcoma is a malignant endothelial tumor that develops in various tissues. Clinically, angiosarcoma presents as a rapidly growing, painless, ulcerated mass [4]. Primary angiosarcoma occurs in young women without risk factors, whereas the secondary form occurs in older women, often with a history of radiotherapy exposure [5]. Imaging is non-specific for sarcomatous tumors; they are most often described as a mass.

Multifocal, poorly circumscribed, multilobulated, with irregular borders [6]. Histopathology shows that angiosarcomas typically express endothelial markers: CD31, CD34, factor VIII, Ulex europaeus agglutinin 1, and VEGF [7]. The curative treatment of breast angiosarcomas is primarily surgical, as with all sarcomas, aiming for clear resection margins (R0 resection) [8].

The average overall survival is 18 to 36 months, which is similar for both primary and secondary angiosarcomas [9]. Local recurrence is frequent, mainly related to the quality of the initial excision, and is quickly followed by the appearance of distant metastases via the hematogenous route [10].

IV. CONCLUSION

Breast angiosarcoma is a rare tumor with a poor prognosis. It can be primary or secondary, mainly affecting older women treated with radiotherapy as part of breast-conserving cancer therapy. Clinically, it presents as a large, ulcerated mass. Radiological findings are non-specific, and histology is the only method capable of confirming the diagnosis. However, breast MRI and thoraco-abdominopelvic CT are essential for staging and assessing disease extent.

➤ *Ethics Committee Authorization:*

Our institution does not find any conflict of ethics committee.

➤ *Author Contribution :*

Maha LHALOUI, Hassnaa SARHANE, Doaa RIALI: performed surgery, paper writing and picture editing.

Amina Etber, Nissrine BENAAOUICHA, Aziz BAYDADA : Bibliography, written direction.

➤ *Guarantor*

Maha Lhaloui.

• *Research Registration Number*

No applicable data.

• *Conflicts of Interest Statement:*

No conflict of interest have been announced by the authors for to this research.

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