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Cutaneous Angiosarcoma: The Importance of Clinical Suspicion☆

Angiosarcoma cutáneo: la importancia de la sospecha clínica

Cutaneous angiosarcoma is one of the most aggressive tumors we encounter in the practice of dermatology. The low prevalence of this skin tumor and the existence of numerous subtypes (the classic form and lesions that develop on lymphedema or irradiated skin) make it difficult to study the large case series needed to identify prognostic markers and appropriate treatment strategies. Only 2 new findings stand out in the recent research on these tumors. First, the overexpression of the *MYC* gene (using immunohistochemical staining techniques) and its amplification (fluorescence in situ hybridization) have been shown to be useful in distinguishing cutaneous angiosarcoma from atypical postradiation vascular proliferations. Second, the results of the clinical trials carried out to date do not indicate that angiogenesis inhibitors are of great use in controlling the disease. In this context,[1] have carried out an exhaustive analysis of the clinical and pathological characteristics of a series of 16 patients treated at the Instituto Valenciano de Oncología over a 16-year period. Of note, their results reveal an increase in the proportion of cases of postradiation angiosarcoma compared to earlier studies, probably due to the increased use of radiation therapy as opposed to radical mastectomies. As tumor diameter is one of the recognized prognostic factors, early diagnosis and surgical excision with wide margins continue to be the mainstay of treatment. Consequently, dermatologists and oncologists must treat any lesion with a bruise-like or vascular appearance that develops on areas of lymphedema and/or irradiated skin with a high level of suspicion.

Reference

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