CLINICAL IMAGE



Cutaneous angiosarcoma presenting as band-shaped erythematous plaques on the neck

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Abstract

Band-shaped presentation of cutaneous angiosarcoma has not been reported. Cutaneous angiosarcoma should be included in the differential diagnosis when a persistent erythematous lesion is observed in the head and neck region of an elderly patient without a clear explanation, but skin biopsy is required for an accurate diagnosis.

KEYWORDS

band-shaped, cutaneous angiosarcoma

An 81-year-old Japanese woman presented with an 8month history of slowly progressive, asymptomatic erythematous lesions on her neck. Physical examination revealed band-shaped, partially well-demarcated, nonscaly, non-purpuric, edematous erythematous plaques on her left neck (Figure 1A,B). Metastatic carcinoma of the skin was suspected, and skin biopsy was performed. Histopathological examination revealed the proliferation of atypical endothelial cells with a network of irregular anastomosing vessels (Figure 2A,B). Immunohistochemically, the tumor cells were positive

for CD31 (Figure 2C). No lymph node or distant metastases were observed. A diagnosis of cutaneous angiosarcoma was made. After 8-cycles of weekly paclitaxel (80 mg/m²) therapy, erythematous plaques have almost flattened.

Cutaneous angiosarcoma is a rare and aggressive malignant vascular tumor that mostly develops in the head and neck region of the elderly.1 Cutaneous angiosarcoma may initially appear as mild erythema or ill-defined bruise-like patches and plaques.2 Advanced lesions can show nodular tumors with hemorrhage or

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FIGURE 1 (A, B) Band-shaped, partially well-demarcated, non-scaly, non-purpuric, edematous erythematous plaques were observed on her left neck

ulceration. Although the clinical presentation of cutaneous angiosarcoma varies, band-shaped presentation has not been reported. Cutaneous angiosarcoma should be included in the differential diagnosis when a persistent erythematous lesion is observed in the head and neck region of an elderly patient, but skin biopsy is required for an accurate diagnosis.

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CONFLICTS OF INTEREST

None declared.

AUTHOR CONTRIBUTIONS

Yoshihiro Matsudate involved in patient care, manuscript writing, and literature reviewing.

CONSENT

Written informed consent was obtained from the patient who participated in this study.

DATA AVAILABILITY STATEMENT

Data available on request from the corresponding author.

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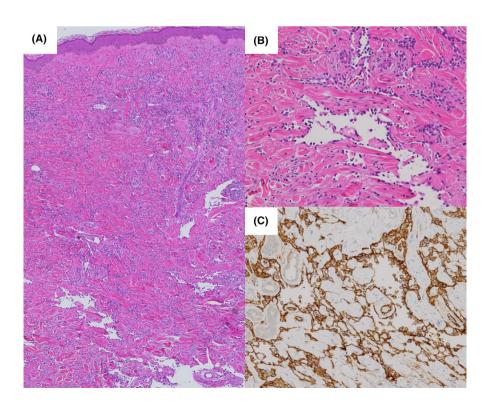


FIGURE 2 (A, B) Histopathological examination revealed the proliferation of atypical endothelial cells with a network of small and focally larger, irregular anastomosing vessels in the dermis. Extravasation of red blood cells was hardly observed. (hematoxylin-eosin; original magnification (A) ×40, (B) ×200). (C) On immunohistochemistry, the tumor cells were positive for CD31 (CD31; original magnification ×200)

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