Facial Angiosarcoma Masquerading as Rosacea

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Clinical Case

- We present a 73-year-old Caucasian male with a ten year history of facial erythema. He was clinically diagnosed as rosacea and was treated with oral doxycycline and topical metronidazole. The facial erythema was not improving and resistant to conventional therapy. He was referred to dermatology for a second opinion.
- Physical exam revealed a 16 cm x 9 cm indurated erythematous plaque extending across his bilateral malar cheeks and nose. A 4 mm punch biopsy was taken from his right cheek. Pathology revealed an atypical endothelial proliferation. Special immunostains were positive for CD31, CD34, D2-40, and high Ki-67 proliferative index. The pathology findings were consistent with angiosarcoma.
- He was referred to oncology and was successfully treated with chemotherapy and radiation. The patient remained in remission for 7.5 years, until the angiosarcoma returned on his upper cutaneous lip. He is currently following with oncology and undergoing repeated radiation therapy.

Discussion

- Angiosarcomas constitute approximately 2% of all soft tissue sarcomas, with cutaneous angiosarcomas accounting for less than 0.1% of head and neck malignancies.
- This rare subset of angiosarcomas primarily affect elderly men, ranging from 56 to 92 years of age, and typically manifest in the upper portion of the scalp and face.
- Clinical presentations of cutaneous angiosarcomas vary, encompassing asymptomatic or ulcerated bruise-like lesions, as well as dusky plaques accompanied by facial or eyelid edema.
- The prognosis for these patients remains poor, with a mere 5-year survival rate of 10-15%. Several prognostic factors have been identified, including age greater than 50, male sex, a history of smoking, tumor size exceeding 5 cm, and treatment without adjuvant chemotherapy.
- Treatment with surgery and radiotherapy results in improved overall survival rates as opposed to either alone.

Results

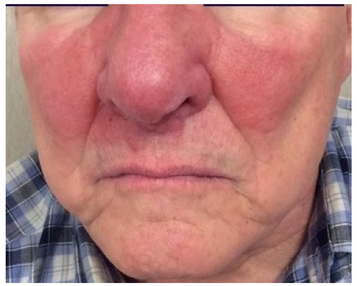

Figure A – Patient presented to clinic with an erythematous edematous confluent plaque extending across bilateral malar cheeks, nose and upper cutaneous lip. Biopsy consistent with angiosarcoma.

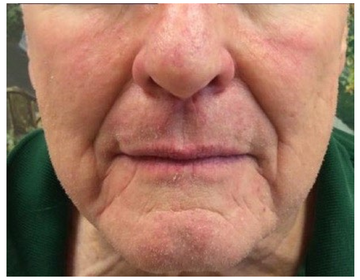

Figure B – Eight months later, he completed treatment with chemotherapy and. Clinically significant radiation improvement of erythema and induration.

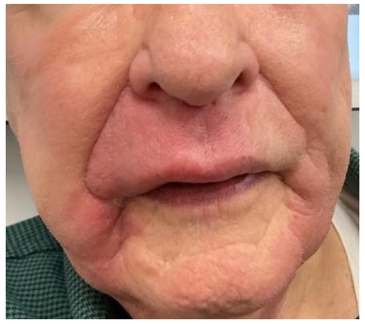

Figure C – Patient returns seven years later with reoccurrence of angiosarcoma on upper cutaneous lip and melolabial region.

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This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.

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