

Skin lesions in breast cancer patients could lead to tumor, more study needed

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Physicians have long noticed that breast cancer patients who have had surgery or radiation therapy have an heightened risk of developing angiosarcoma, a rare type of cancer that originates in the lining of the blood vessels.

Now, researchers at Loyola University Health System in Maywood, Ill., have focused in on a finding that could be a possible precursor to angiosarcoma. With further research this finding could lead to a test that could predict those who are most likely to develop the disease. Angiosarcoma is a malignant, rapidly growing, highly invasive type of cancer that has a high mortality rate.

In a case study published in the August issue of the *Journal of the American Academy of Dermatology*, researchers at Loyola identified what at first appeared to be only a tiny bruise on the right breast of a 63-year-old woman. Four years prior the woman had had a [lumpectomy](#) in the breast and radiation therapy for cancer. She had also had chemotherapy and [hormone therapy](#).

"Normally, when you see a benign-appearing vascular lesion, you probably would pass it up," said Dr. Joshua Mandrell, a dermatologist who co-authored the report. "But given her history, we biopsied it and it did show that it was an atypical vascular lesion."

Atypical vascular lesions are abnormal vascular growths that are thought to form in response to trauma, such as that caused by surgery and

radiation therapy, according to the study. The lesions are so rare that few medical professionals are aware of their existence. There are also no well defined prognosis factors or treatment guidelines for them.

"Atypical vascular lesions are not completely benign blood vessel growths and are not angiosarcoma. They are right in the middle. They are atypical enough that we suggest in our study that they warrant treatment," Mandrell said. "The thought is that they could potentially become angiosarcomas."

As a precaution, the patient's lesion and a significant amount of tissue surrounding it was surgically removed.

"We wanted to make sure that nothing was left that could progress to an angiosarcoma," Mandrell said.

The study concludes that the focus of future research should be on finding markers to detect which type of atypical vascular lesions are more likely to lead to an angiosarcoma.

"This is probably where most of the research should be done," Mandrell said. "Anybody who has had radiation has changes in their skin. It was probably radiation in combination with the surgery for the cancer that led to the development of this entity. The main question is, 'Are there special markers or other histological features underneath the microscope that would suggest that one atypical vascular lesion is worse and more likely to develop into an angiosarcoma and another one is not?' That's still not well defined."

The study also concludes that the medical community needs to heighten its surveillance of the skin of patients who have a history of surgery and [radiation therapy](#) for [breast cancer](#).

"Even benign-appearing things can be serious given that medical history," Mandrell said. "Dermatologists and primary care physicians should be looking at the skin for any changes in this patient population."

Provided by Loyola University

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