

Out of the frying pan; into the fire? The Stewart Treves syndrome

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Clinical Image



Description

A 76 year old woman, a treated case of cancer of the right breast, who had undergone a modified radical mastectomy, chemotherapy and radiation therapy in 2001; presented with skin nodules within a region of chronic limb edema of the right upper limb since 2 months. (Figure) Biopsy from the skin nodule revealed a vascular tumor in the dermis composed of numerous blood spaces surrounded by pleomorphic spindle cells - findings diagnostic of angiosarcoma. Patient was advised amputation and adjuvant chemotherapy, after exclusion of metastasis.

The eponymous Stewart-Treves syndrome refers to the development of an angiosarcoma from

long-standing lymphoedema due to axillary lymph node dissection following a radical mastectomy [1]. The frequency is estimated at approximately 0.45% in patients who survive longer than five years after a mastectomy [2].

The underlying pathophysiology is postulated that lymphatic blockage encourages the growth of lymphatic vessels through growth factors and cytokines [3]. The incidence of chronic lymphedema after breast cancer treatments has been reduced from 40 to 4%, due to the improvement of operative techniques in breast cancer [4]. The lymphedematous limb is an immunologically vulnerable area, susceptible to the development of cancer. This condition has a very poor prognosis, with an overall survival rate of 10 to 30% [5].

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