

---

## ANGIOSARCOMA OF THE FACE AND SCALP

G. Torlone, A. Rossodivita, E. Caracciolo, A. Felli and S. Chimenti

### ABSTRACT

The authors describe the case of a 72-year-old man, who presented two infiltrated and ulcerated plaques of the scalp and multiple angiomatous lesions on the face. The histological examination showed typically angulated and irregular spaces lined by cells which formed one or more layers and the typical bulging of the malignant endothelial cells into vascular lumens.

A diagnosis of cutaneous angiosarcoma unassociated with lymphedema of the scalp and face was made. A multi-agent cytotoxic chemotherapy was employed as treatment strategy. The authors discuss the nosologic localization of angiosarcoma and underline the therapeutic modalities of this rare neoplasm.

### KEY WORDS

*angiosarcoma, scalp, face, skin, a unassociated with lymphedema, therapy*

---

### INTRODUCTION

Angiosarcoma (AS) is a rare malignant neoplasm, most commonly arises in the skin and superficial soft tissues, although deep tissue and viscera can be affected too. The aspect and behavior of this tumor depend on location, and in literature as has been reported in various organs (1). Hence, AS is more properly considered as several closely related tumors rather than as a single entity and has been classified by Enzinger and Weiss into five groups: 1) cutaneous angiosarcoma unassociated with lymphedema; 2) cutaneous angiosarcoma associated with lymphedema (Lymph-angiosarcoma); 3) angiosarcoma of the breast; 4) radiation-induced angiosarcoma; 5) angiosarcoma of deep soft tissue. AS of the face and scalp of the elderly forms a distinctive subgroup of cutaneous AS unassociated with lymphedema (1).

AS is usually located on the head and neck particularly the scalp and upper forehead (1). Clinically three types are described: ulcerating, diffuse superficial spreading, and nodular (2,3). Clinically is quite different from classical Kaposi's sarcoma who appears as multiple subcutaneous plaques or nodules that show a typical violaceous hue, usually affecting the lower extremities of elderly men, with a male predominance. Tumor's behaviour is indolent with gradual increase in number of lesions associated with lymphedema, visceral lesions occurs late, often discovered at autopsy (4,7).

Secondary diffusion to regional lymph nodes and blood stream occurs in the late stage of disease and death can result due to local spread of the lesion rather than from metastases. In some cases distant metastases can occur. Sites affected

