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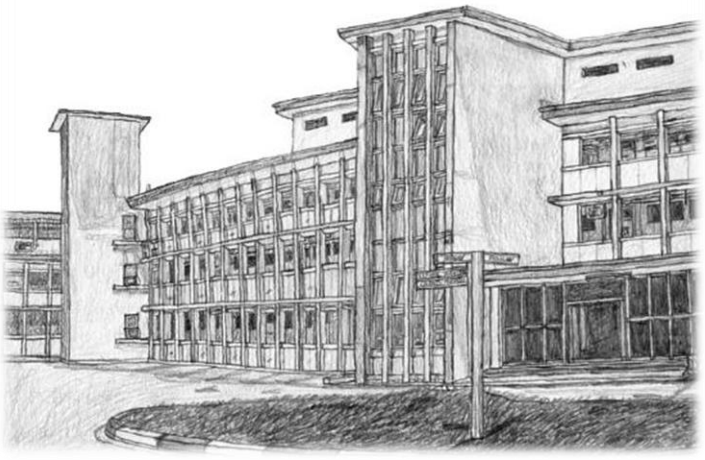
Case 21

57 year old female.
Right breast, simple mastectomy.
Vague 1.3cm mass was found on ultrasound scan, with prior trucut revealing high suspicion of malignancy.



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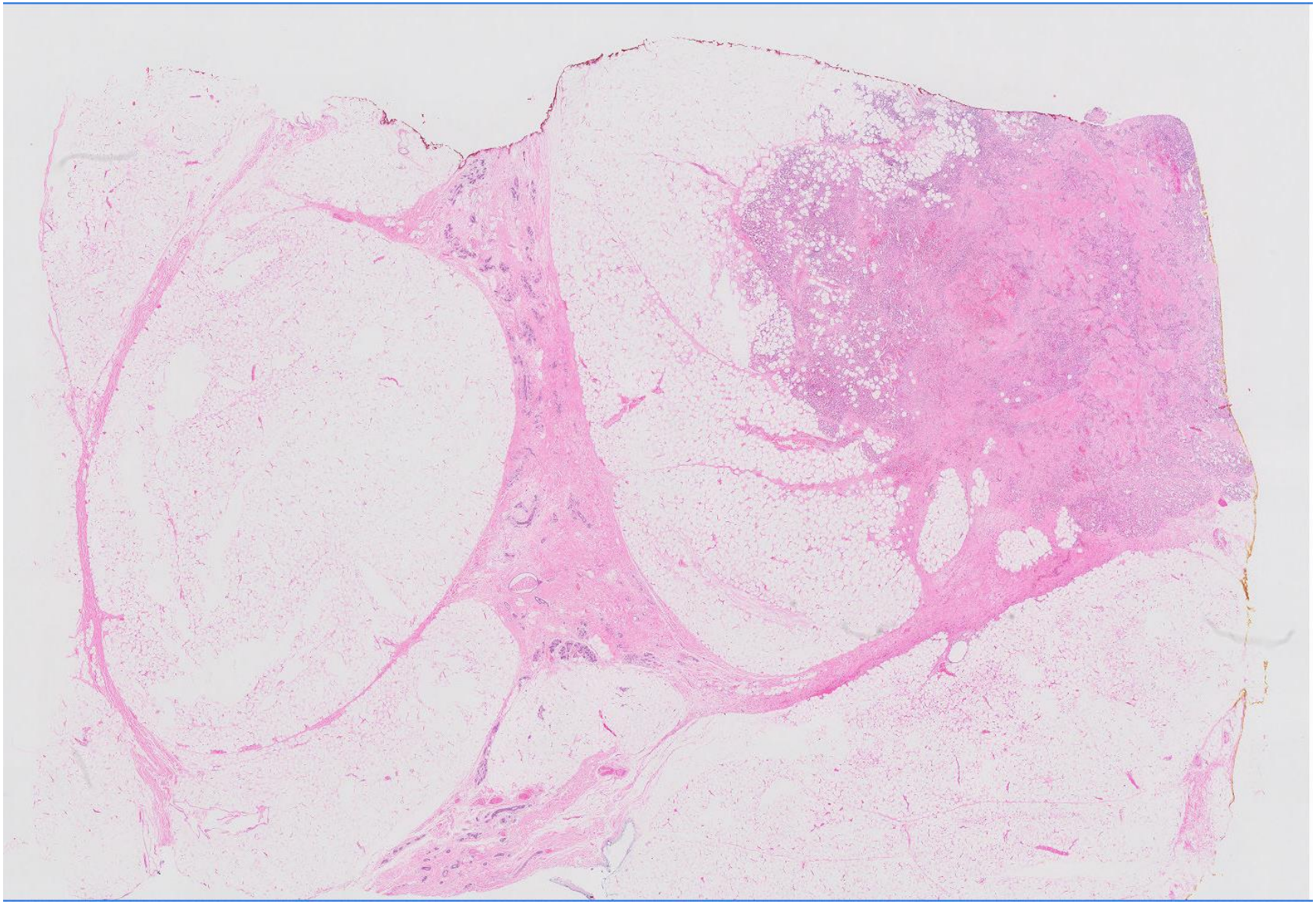
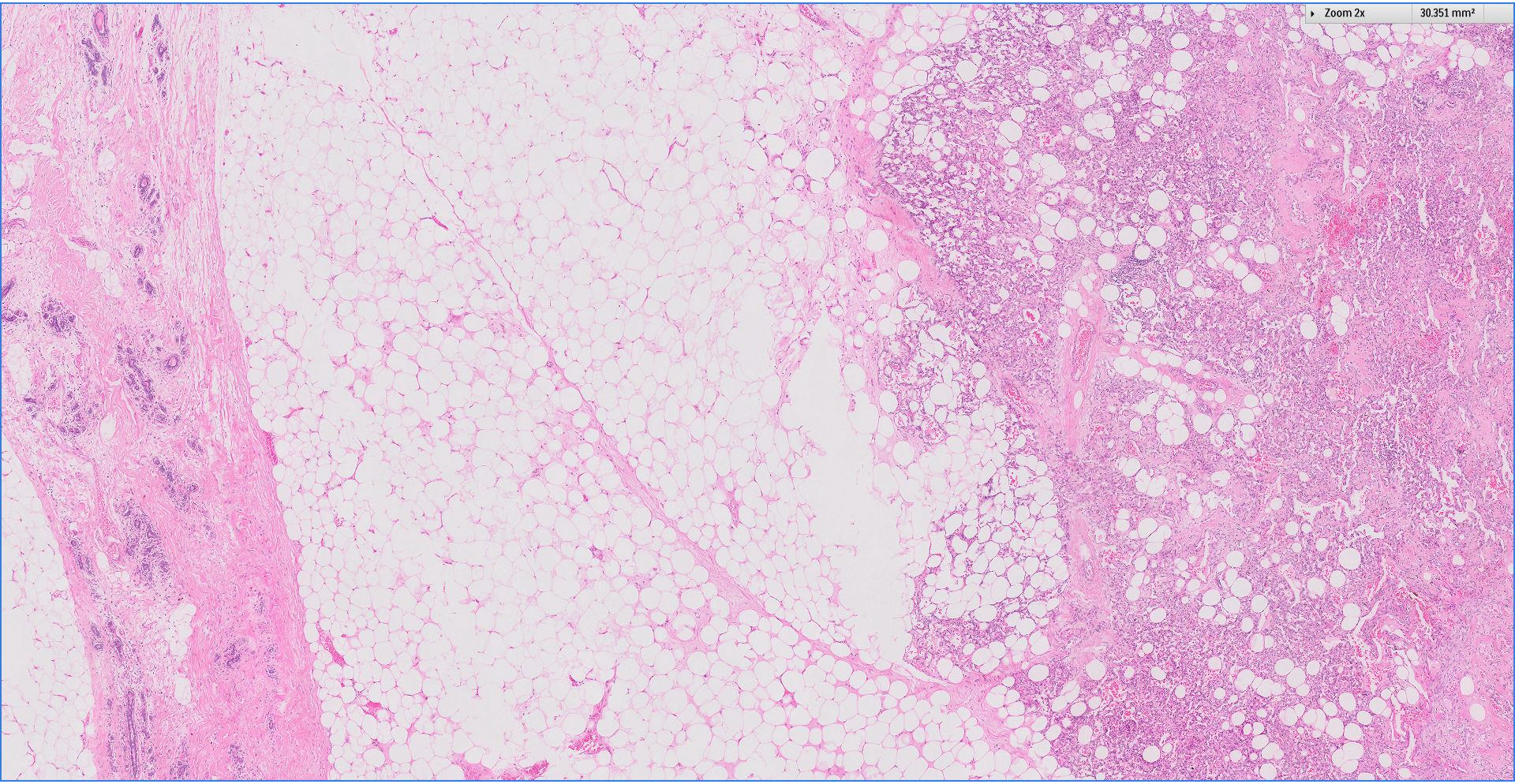
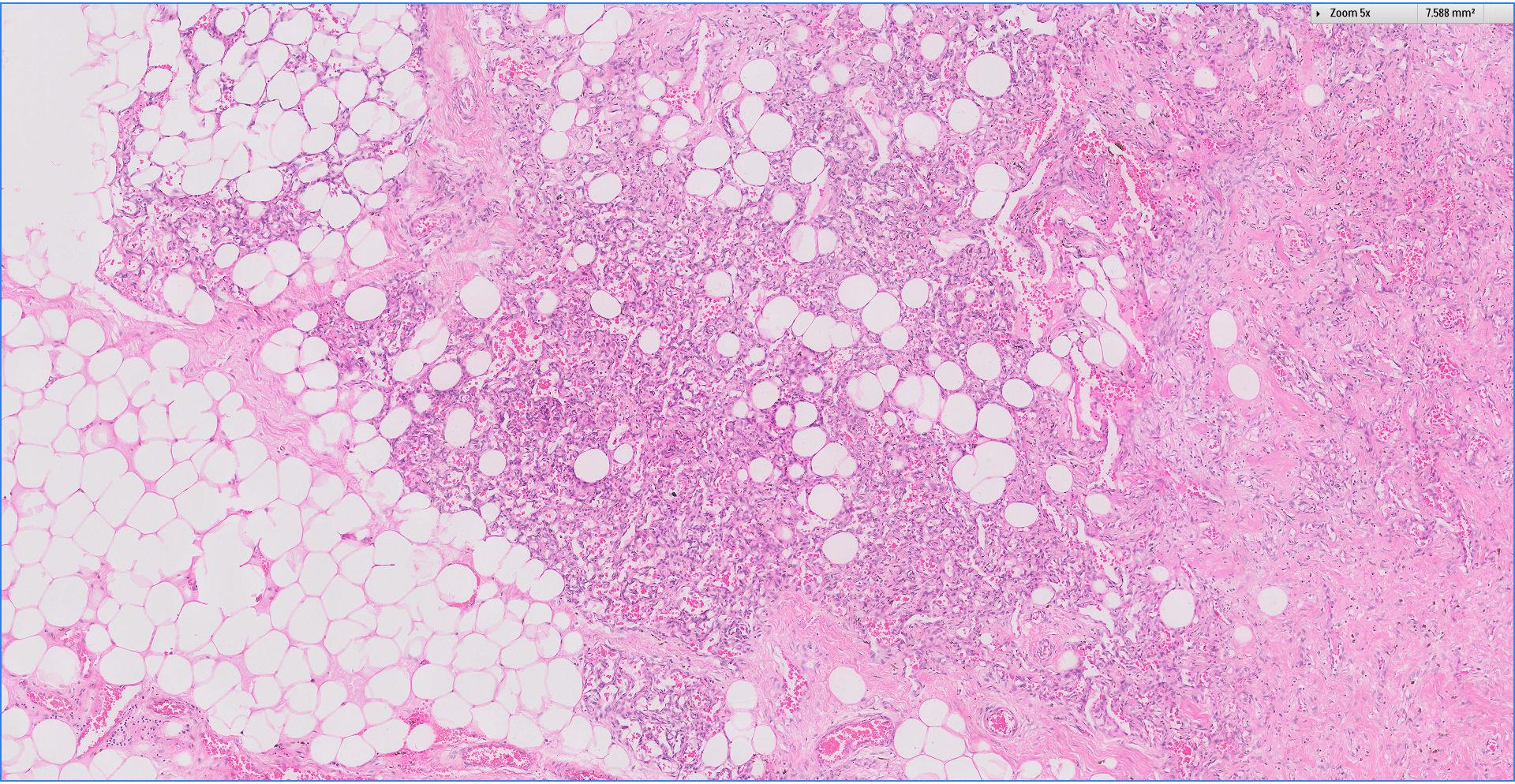
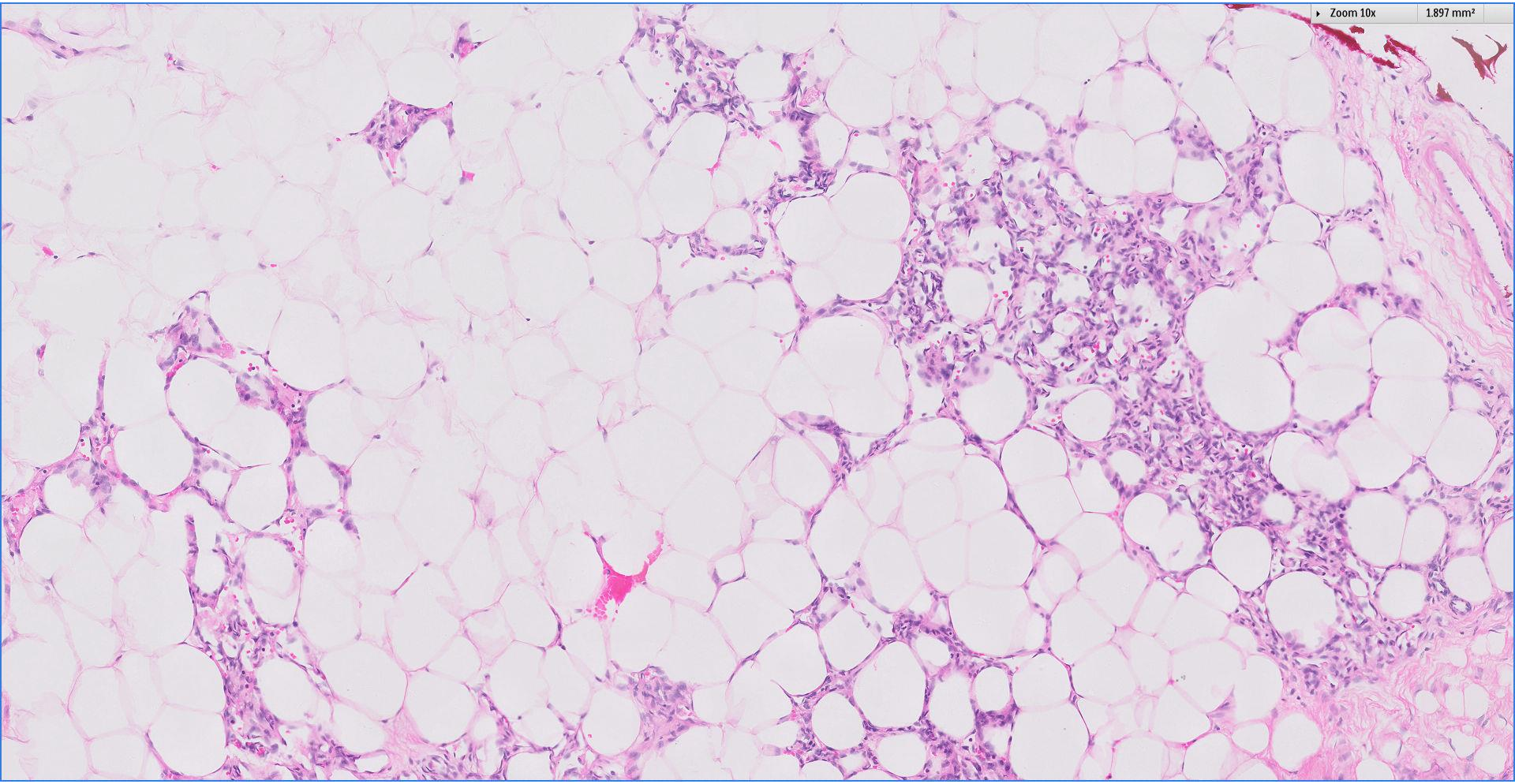
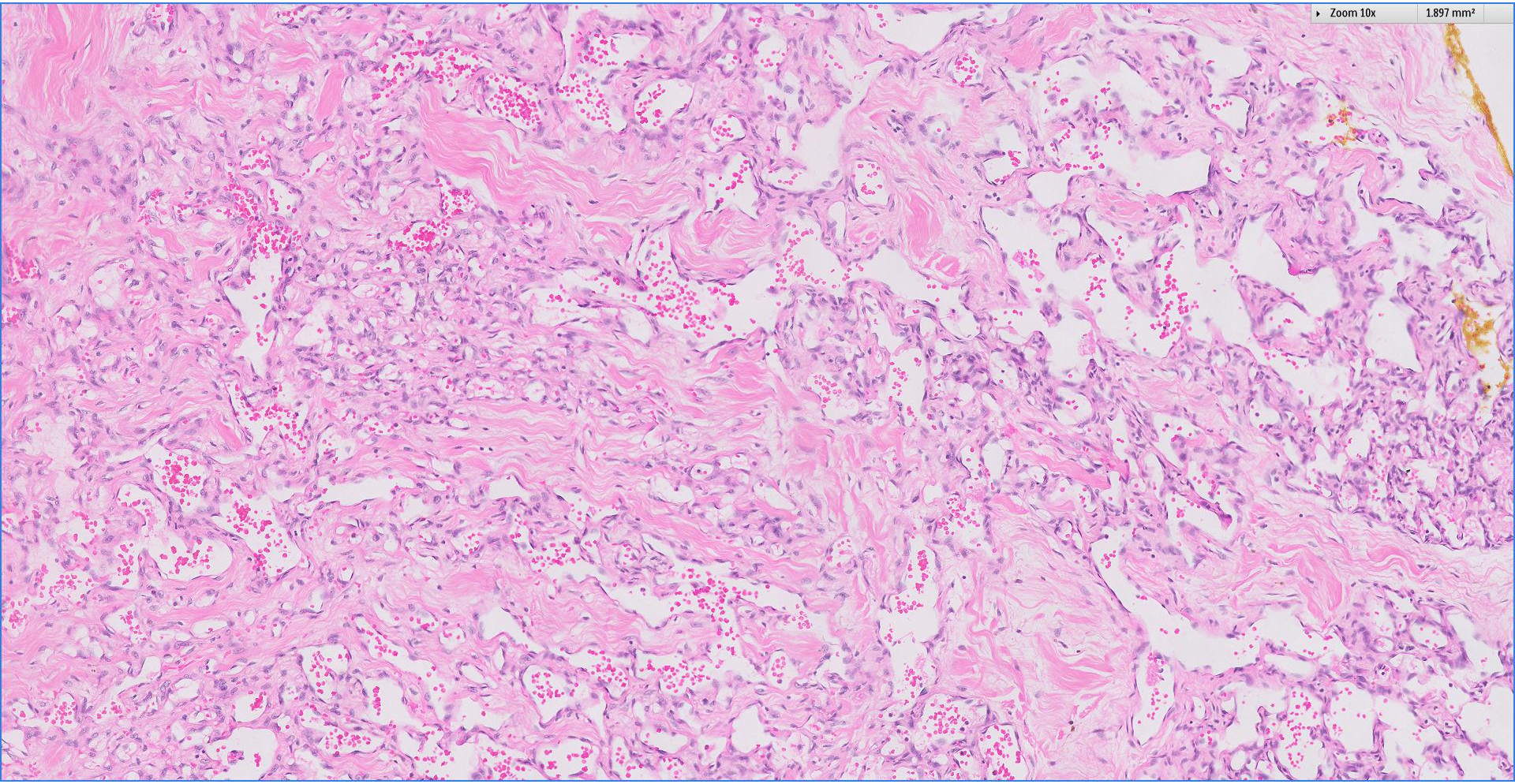



Zoom 2x
30.351 mm²


Zoom 5x
7.588 mm²


Zoom 10x
1.897 mm²


Zoom 10x
1.897 mm²

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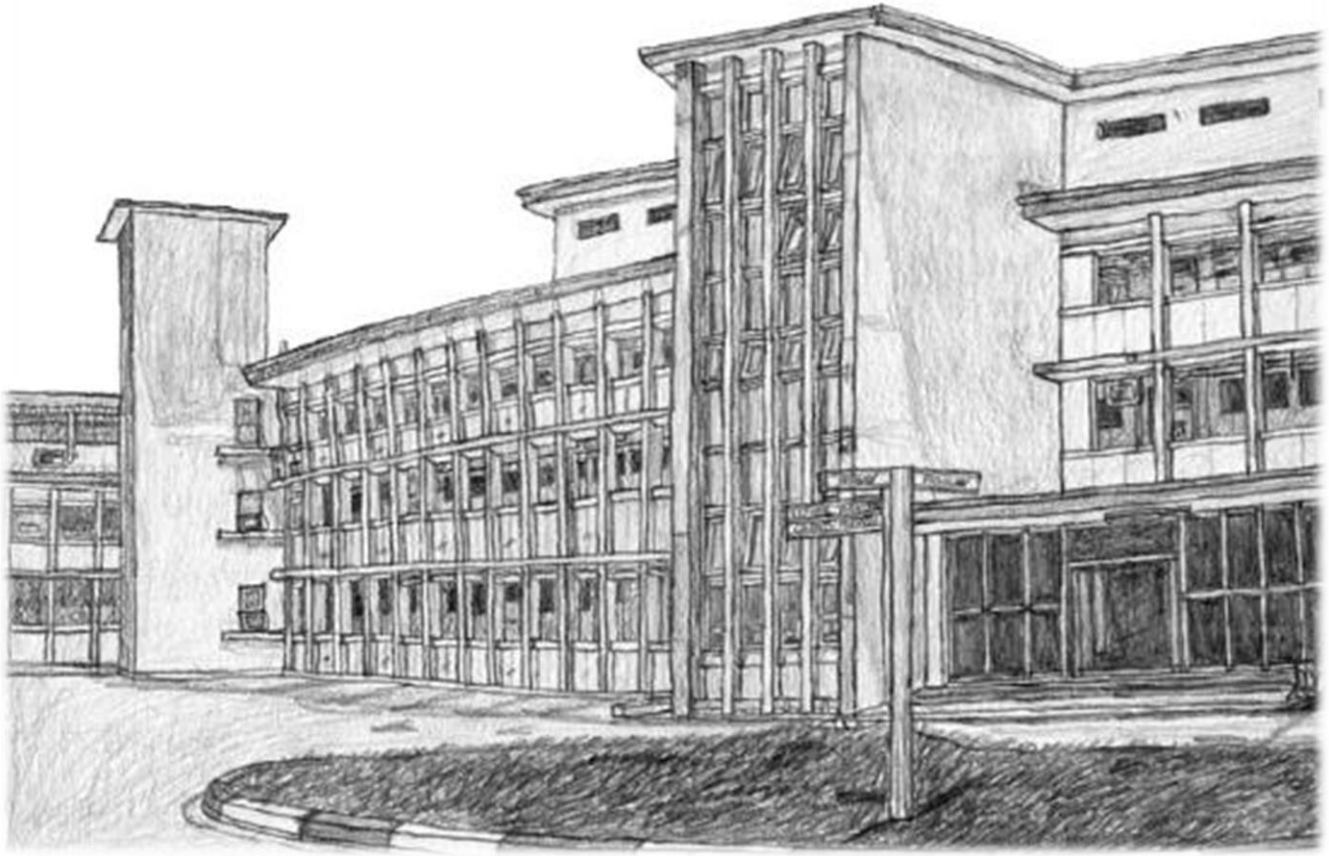

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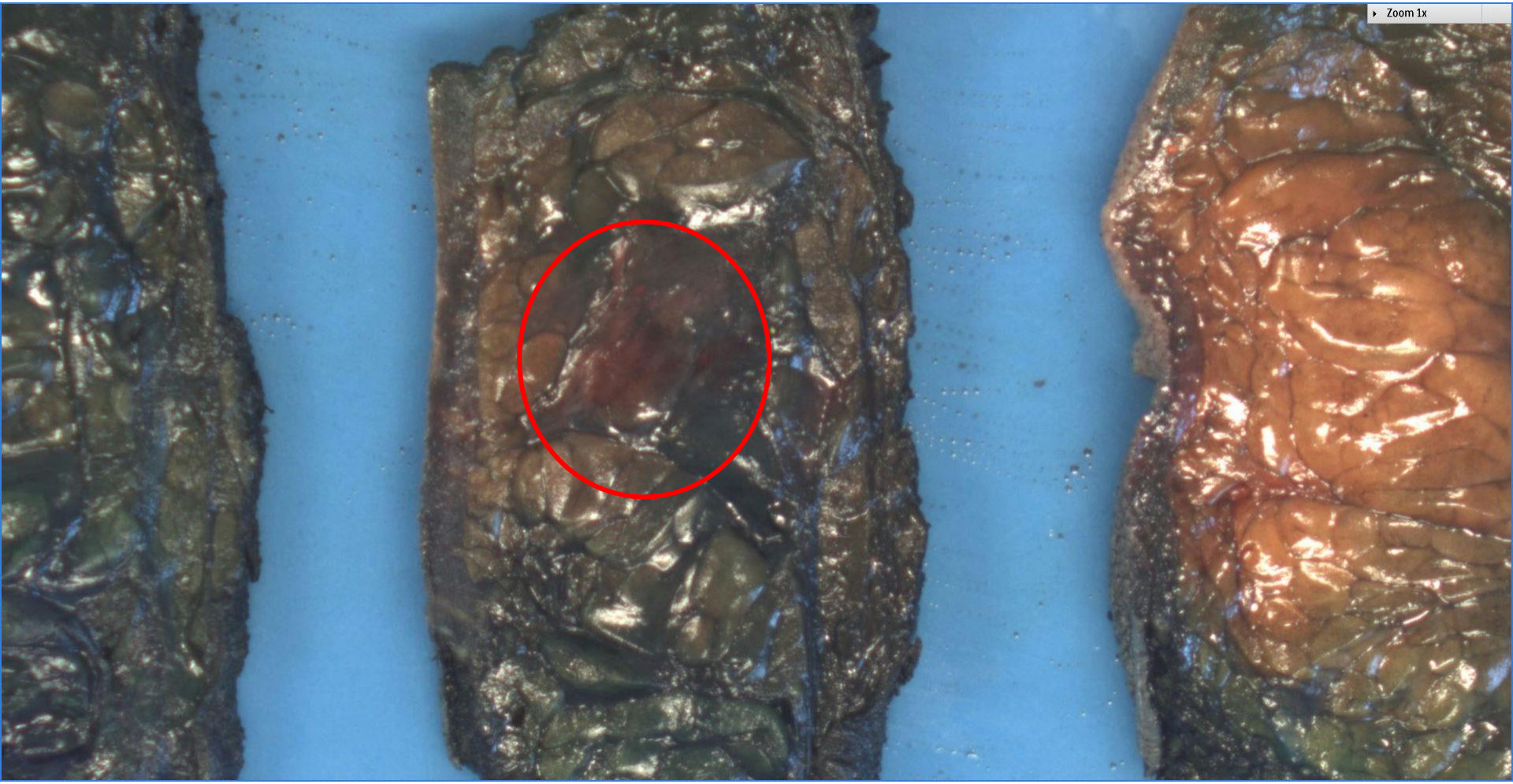
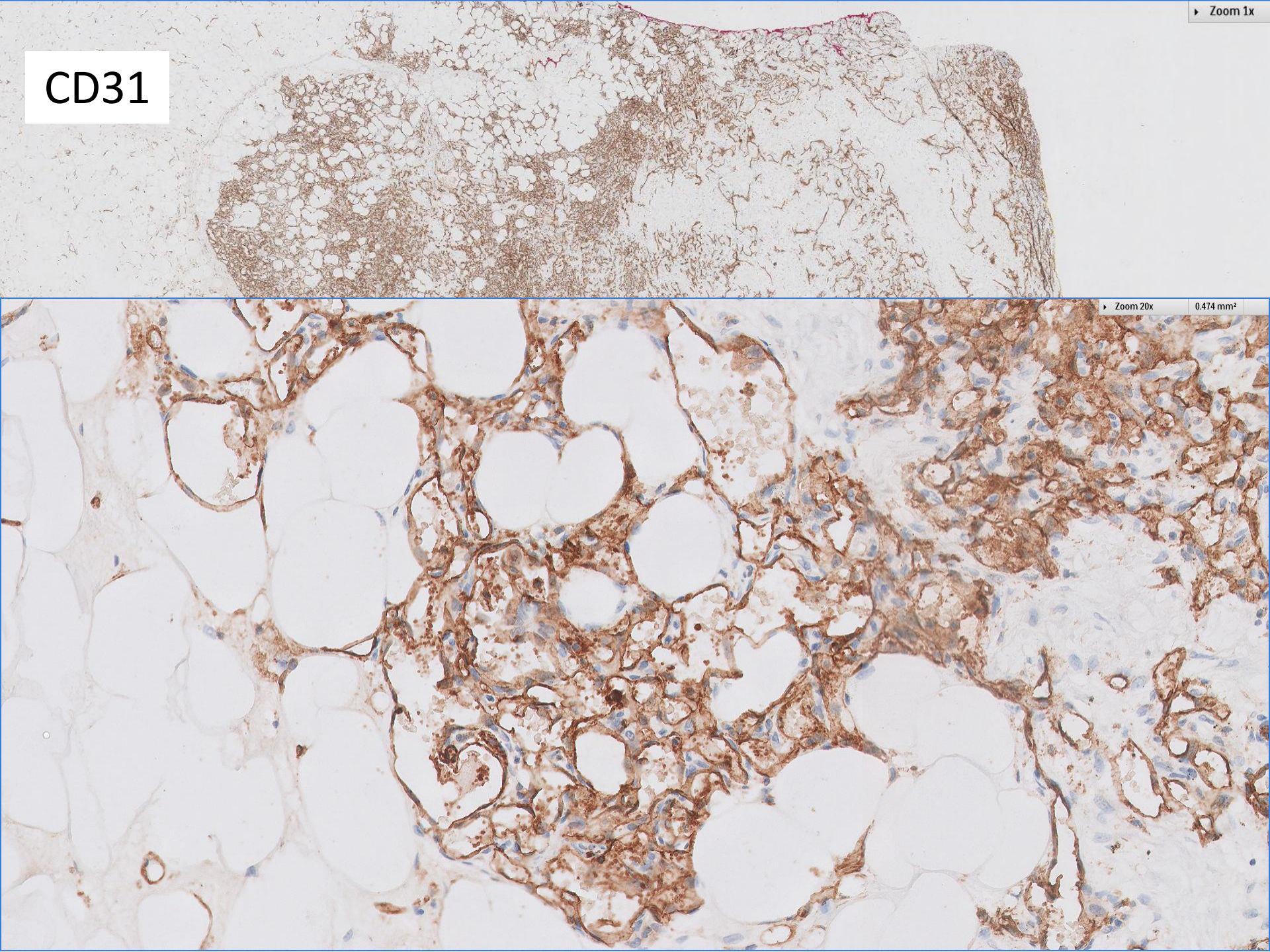
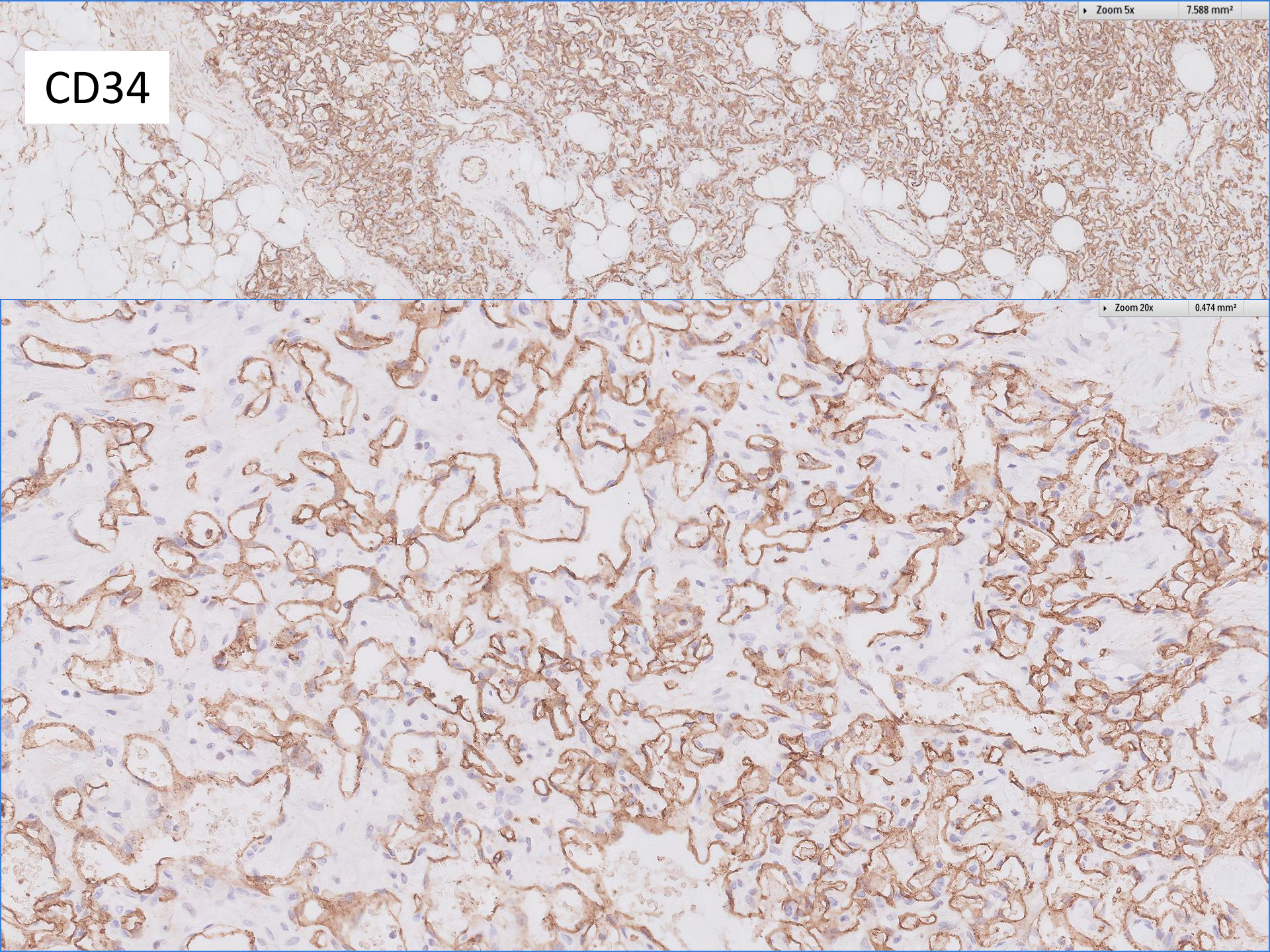
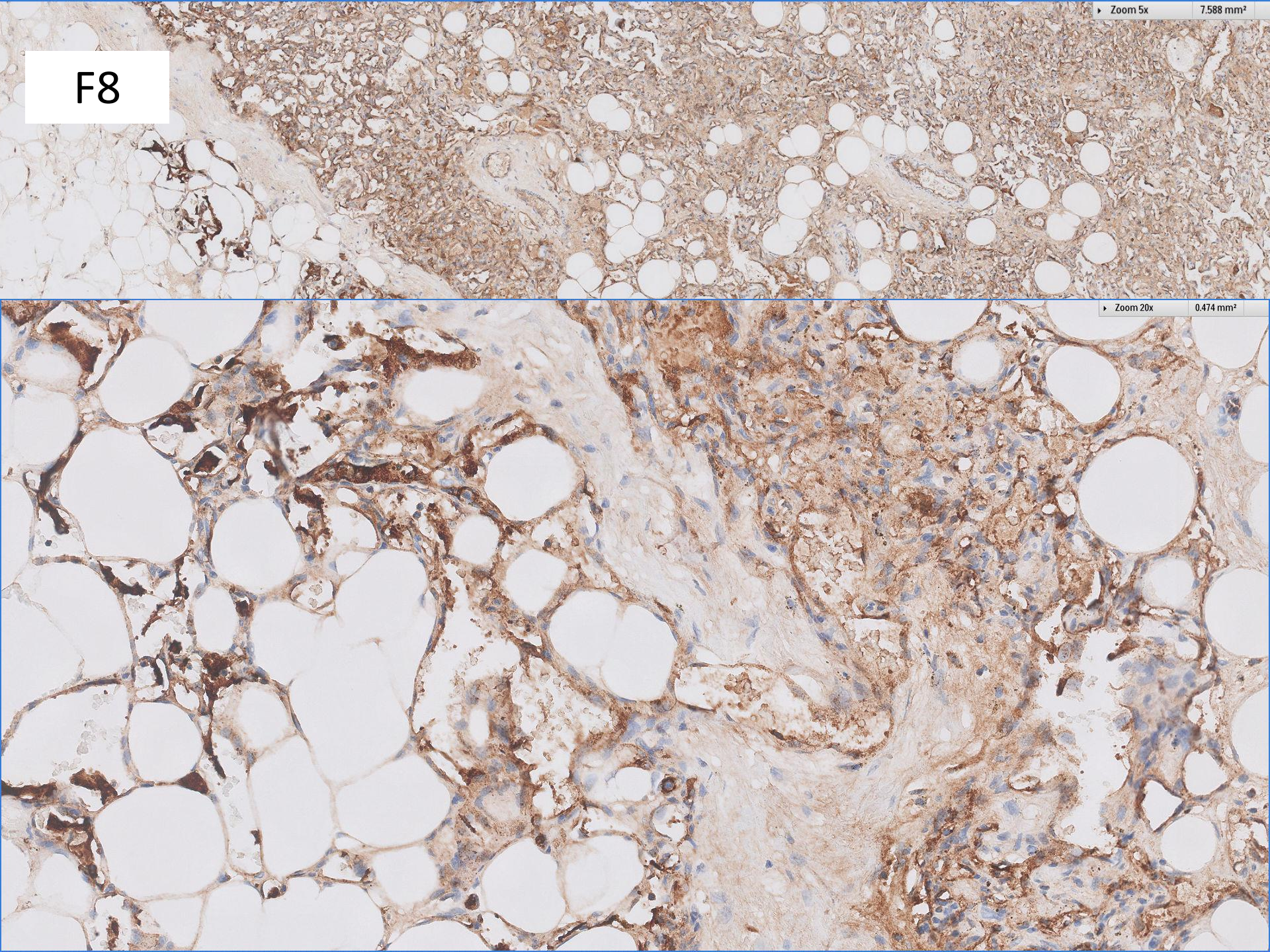
Additional radiological information

- Ultrasound lesion appeared entirely within the breast parenchyma, with a layer of fat to the chest wall of about 4mm.
- There was concern that the ultrasound could underestimate the size of the lesion, and the radiologist recommended further evaluation with MRI.
- No information if the MRI was performed.

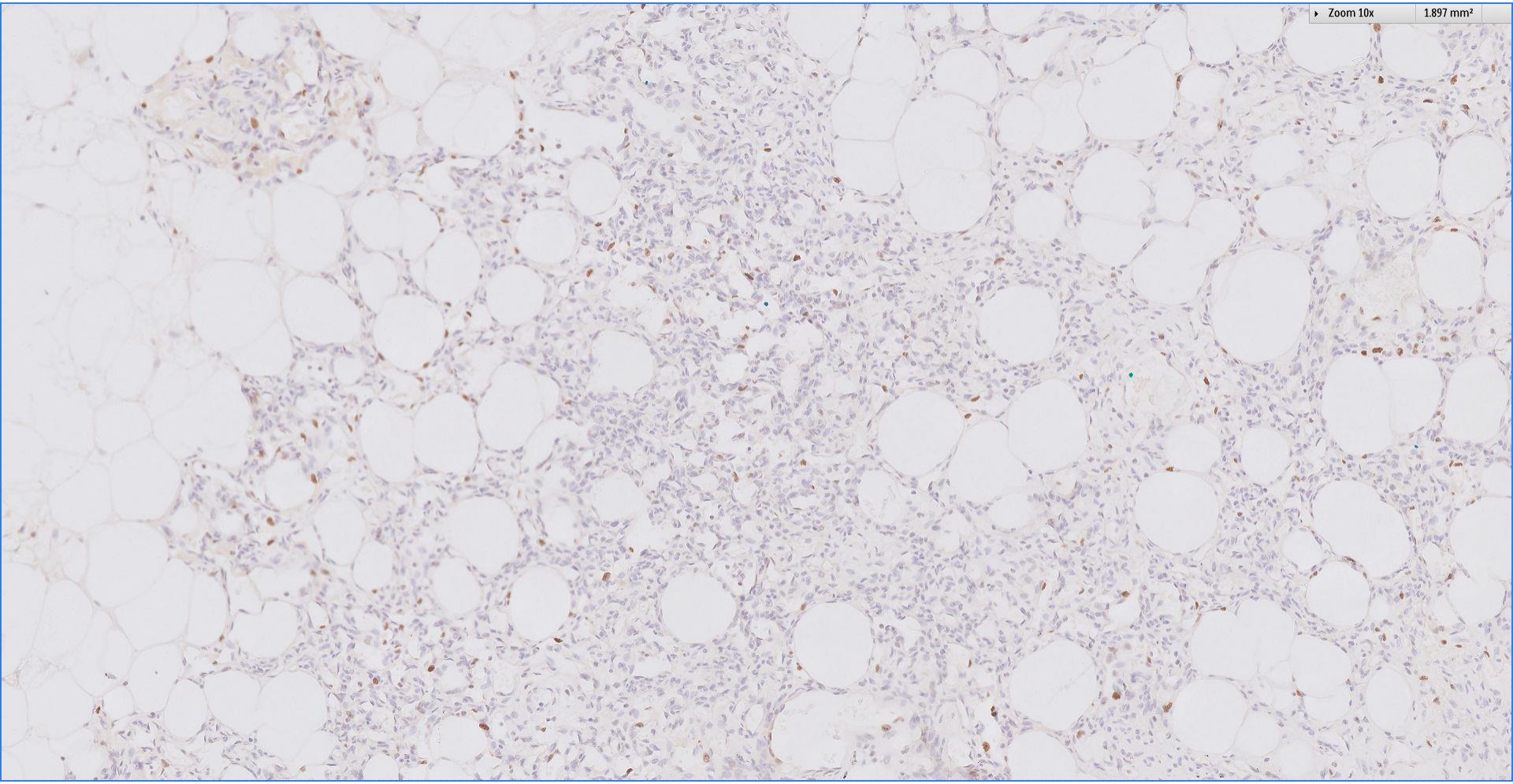

Zoom 1x


CD31
Zoom 1x
Zoom 20x
0.474 mm²


CD34
Zoom 5x
7.588 mm²
Zoom 20x
0.474 mm²


F8
Zoom 5x
7.588 mm²
Zoom 20x
0.474 mm²

Ki67



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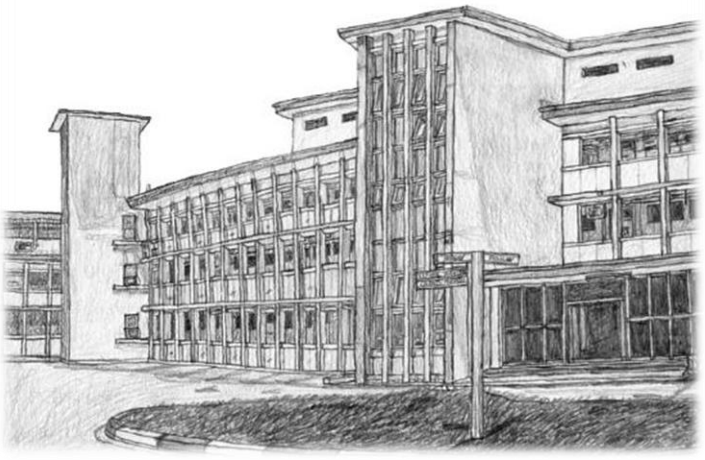
Diagnosis

Well differentiated vasoformative lesion, consistent with a well differentiated angiosarcoma, 13mm.

Ki67 proliferation about 15%.



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Angiosarcoma of the breast

- **Primary (de novo)**, arising in breast parenchyma.
- **Secondary**, develops in the skin, chest wall or breast parenchyma subsequent to surgery and postoperative radiation for breast cancer.
  - Notably increasing frequency since the late 1980s, reflecting the trend for breast-conserving surgery with more frequent use of radiation.
  - Angiosarcoma is the commonest radiation induced sarcoma in the breast.
- Vary in size from 1 to 25cm (average, 5 cm) and often have a spongy haemorrhagic appearance with ill-defined borders.

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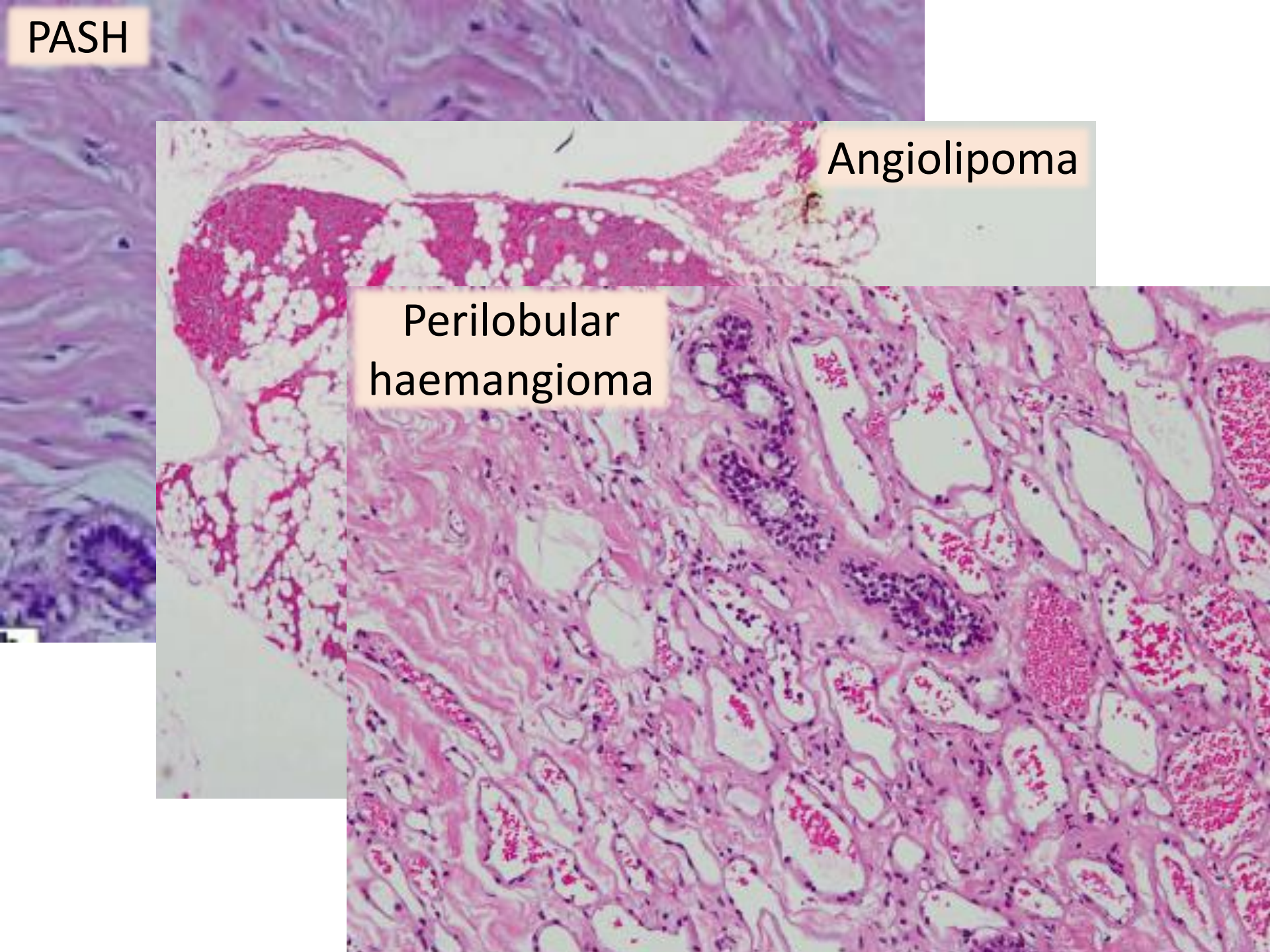
Well differentiated angiosarcoma ~ differential diagnosis

- Pseudoangiomatous stromal hyperplasia (PASH)
- Angiolipoma
- Benign vascular lesions
- Papillary endothelial hyperplasia


PASH
Angiolipoma
Perilobular haemangioma

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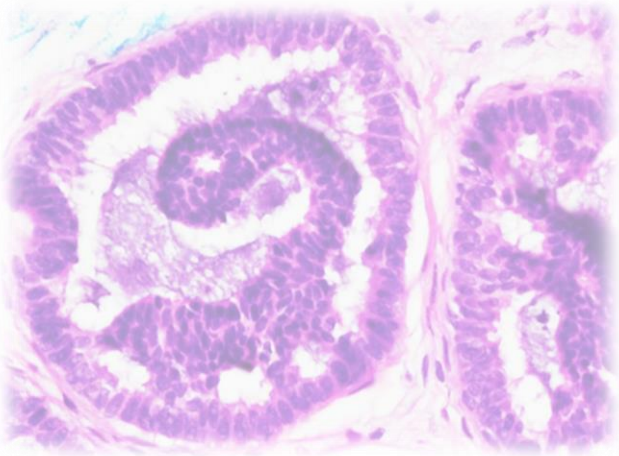
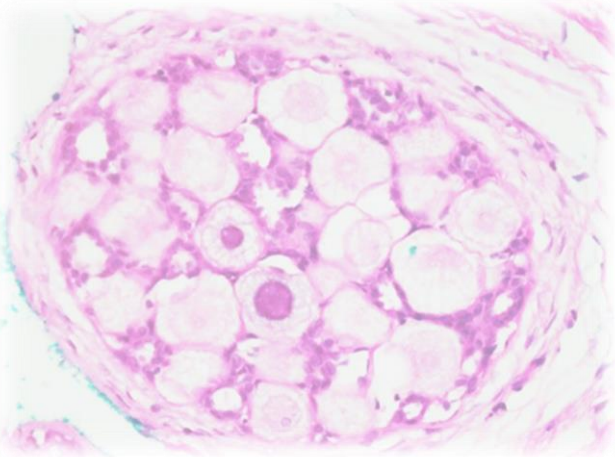
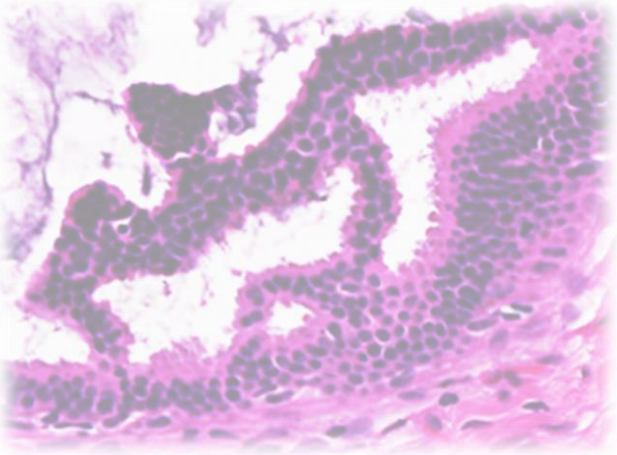
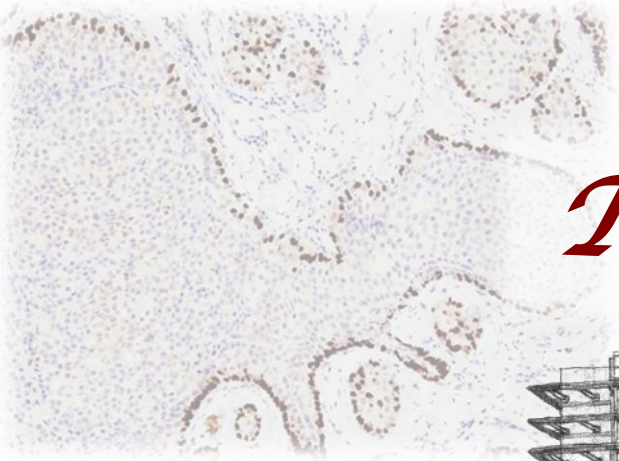

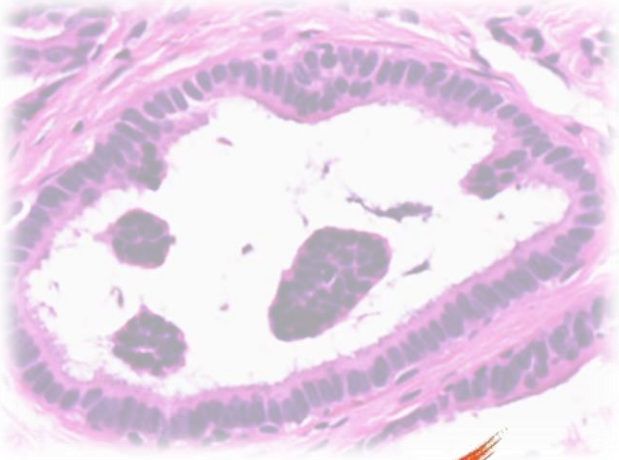

Thank you!

THE ACADEMIA, SINGAPORE GENERAL HOSPITAL 09.05.2014

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