



ORIGINAL RESEARCH PAPER

Surgery

NON RESOLVING SEROMA AFTER SIMPLE MASTECTOMY : IT,S TIME TO RULE OUT MALIGNANCY

KEY WORDS: Angiosarcoma , Breast Lump

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ABSTRACT

Seroma formation following breast surgery is not an uncommon entity .With time it resolves spontaneously, if does not then it becomes cause of significant morbidity and alters the quality of life of patients to a great extent .We are reporting a case of 32 years old lady with history of breast lump excision in her left breast twice and 8 months after third surgery she presented with non resolving seroma ,with further evaluation it was found to be angiosarcoma of left breast. Late onset seroma which is not resolving is a warning signal.

INTRODUCTION

Breast angiosarcomas are rare soft tissue tumours with incidence of < 1 % . Primary angiosarcomas are common in women of 30-50 years of age and somehow these are ill defined masses ,however secondary breast angiosarcomas are seen in relatively older women (60 -70 years) who had chest irradiation for breast cancer in past (1).The usual time following radiotherapy and development of angiosarcoma is 10 years .The special name has been given to angiosarcoma in oedematous limb post mastectomy and post radiotherapy ,Stewart Treves syndrome(2).Breast angiosarcomas are also referred by mammary angiosarcoma ,hemangiosarcoma of breast , and lymphangiosarcoma when developing in lymph nodes and they have propensity to spread faster.

Case report

A 32 years old lady ,mother of three children ,with history of excision of breast lump twice in her left breast in past 2.5 years presented with a lump third time in her left breast for 8 months duration. O/E there was a single lobulated lump 8X6 cm involving almost whole of her left breast ,overlying skin was normal except scars of previous surgery, NAC was normal ,ipsilateral axilla was not showing any lymphadenopathy. Examination of right breast and axilla was essentially normal . USG breast revealed single large mass .B/L mammogram suggested large mass of benign aetiology .FNAC and tru cut also revealed benign aetiology. After PAC patient was planned for simple mastectomy considering ,recurrent lump and large size of tumour. HPE of specimen was suggestive of benign phylloides tumour . Patient was symptom free for coming 8 months then she reported to surgical outdoor with swelling of chest wall at operation site .USG & CECT indicated for seroma. Seroma was drained under GA .Fluid was sent for AFB and malignant cells and evidence was not found for both .Drain was taken out after 15 days when drain out put was <30 ml .With 10 days patient again required aspiration but results were not satisfactory. Patient was again taken up for open drainage ,this time scrapping from chest wall sent for HPE and surprisingly revealed angiosarcomatous changes .The wound progressed to in a growth with rolled out margins rapidly. PET scan was done which showed FDG avid areas in lung fields .Patient was given gemcitabine and cisplatin based chemotherapy of two cycles but succumbed to her illness after two cycles.

DISCUSSION

Most of the time primary angiosarcomas usually present without any known risk factors .The 5 year survival for grade 1 angiosarcoma is 75% but for grade 3 it is 15% (3). Few patients may report bluish red discolouration over tumour skin ,eczematous rash, hematoma like swelling or diffuse breast swelling but in available literature no correlation has been

found between size of mass and survival rate. (2,4)

Angiosarcoma is often initially misdiagnosed and preoperative diagnosis by biopsy can be difficult .MRI is the best imaging modality as it allows appropriate assessment of regional distribution and vascularization .Mammogram and USG are less accurate in picking up characteristics features of angiosarcoma when compared with adenocarcinomas, specifically in young women with dense breast the lesions mistakenly reported benign and negatively influence further management (5). Local recurrences can occur in one third of patients after surgery ,so isolated surgery is not enough ,when combined with chemotherapy,patients stands fair chances.

It has been observed widely that clinical presentation of angiosarcoma varies and the initial harmless appearance may contribute to unnecessary delay and negligence by both patient and surgeon .As imaging and FNAC and Tru cut both can be equivocal ,the diagnosis can be clarified by immunohistological staining for endothelial marker CD 31 which is the most sensitive and specific indicator for angiogenic proliferation(2).In our case HPE reported multiple bits of tissue showing presence of tumour tissue admixed with necrotic tissue and blood. Tumour comprised of oval to spindle shaped cells arranged in sheets in pseudopapillary pattern and nest infiltrating in to mature adipose tissue with mitotic activity 6-8/HPF .Vimentin was positive ,CD 31 positive ,Ki 67 60- 65% suggesting malignant mesenchymal tumour with endothelial tumour differentiation angiosarcoma.

Once diagnosed angiosarcoma needs aggressive course of management including neoadjuvant chemotherapy ,surgery and adjuvant chemotherapy and radiotherapy though their role is experimental only. Due to rarity of cases no established treatment protocol is available but considering aggressiveness role of multimodality treatment is encouraged and for that referral to specialized center with multidisciplinary care seems promising (2,6)

CONCLUSION

The importance of this case is to emphasize the unusual presentation of angiosarcoma ,and there is a probability we missed the accurate diagnosis at the time of surgery at our centre .In cases with unusual behaviour one should get the previous histopathology reviewed.

Recurrent breast lumps should be evaluated thoroughly. MRI and MR mammograms can play crucial role in evaluation of recurrent breast lumps in breast lumps .Once late onset seroma is there ,should generate high index of suspicion of malignancy . Seroma fluid should be exclusively examined for presence of atypical cells. Breast angiosarcomas have

poor prognosis, if detected early and chemotherapy is given then there are chances of better outcome.

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