Acquired Lymphangiectasia of the Breast After Breast Conserving Surgery

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Abstract Lymphangiectasia is characterized by vesicular dilation of lymphatic vessels and is generally a complication of radiotherapy or surgery of various malignant tumors such as breast and cervical cancers. Although it is not a precancerous disease, correct diagnosis is important to rule out Stewart-Treves syndrome which is defined as lymphangiosarcoma that develops in long-standing chronic postmastectomy lymphedema. Observation alone or many therapeutic options including cryosurgery, electrocauterization, sclerotherapy, and excision have been widely used in the management. Herein, a case of breast lymphangiectasia was presented as a late and rare complication of breast cancer-related therapies.

Keywords Breast · Breast-conserving surgery · Lymphangiectasia · Radiotherapy

Case Report

A 68-year-old woman was admitted to our unit with multiple vesicular lesions on her right breast. She had undergone lumpectomy with axillary lymphadenectomy for right breast cancer 15 years ago. She also had received a complementary radiotherapy after surgery. On examination, multiple, milimetric, pinkish-red and well-defined vesiculopapular lesions were

observed without lymphedema on the upper extremity (Figs. 1 and 2). A biopsy was taken from lesions. In pathological evaluation, numerous ectatic lymphatics lined by normal endothelial cells, edema, and mononuclear inflammatory cells in both papillary and reticular dermis were revealed and the patient was diagnosed with lymphangiectasia. Although radiotherapy and surgery are the main etiological factors, this condition can be associated with scleroderma, scrofuloderma, cirrhosis, and some medication such as penicillamine or topical corticosteroids [1]. Lymphangiectasia can occur several years after the factors that caused it as in our case [1]. Although it may develop after surgery alone, radiation therapy seems to be the major contributor in its etiopathogenesis [2]. In differential diagnosis, Stewart-Treves syndrome which is characterized by multiple reddish-blue macules or nodules [3] takes an important place. A demonstrative image of Stewart-Treves syndrome in a case report by Armengot-Carbó et al. can be available from www.actasdermo.org [4]. Therefore, a simple biopsy plays a crucial role in diagnosis. Although many therapeutic options including cryosurgery, electrocauterization, laser therapy, sclerotherapy, and surgical excision have been widely used in the treatment of this disease, daily wound care with povidone iodine and application of mupirocin ointment is one of the most

Fig. 1 Multiple lymphangiectasia on the right breast

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Fig. 2 Close-up appearance of the pinkish-red vesicular lesions with smooth surface

important points in the management, especially in preventing the superinfection of ruptured lesions which can lead to resistant cellulitis [2]. Our patient was not given any treatment. However, she was checked at regular intervals. During 1-year follow-up, no complications such as superinfection and abnormal growth were observed. In conclusion, this study has demonstrated the importance of keeping

lymphangiectasia in mind as a rare and late complication of radiotherapy and surgical procedures.

Conflict of Interest The authors declare that there is no conflict of interest.

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