



# A cutaneous angiosarcoma arising from the rhinophyma

## Rinofima kökenli kütanöz anjiyosarkom

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In this article, we report a 66-year-old male case of rhinophyma who had a persistent lesion on his nose for two-years. Despite steroid therapy, the lesion continued to grow. Histopathological and immunohistochemical findings were consistent with cutaneous angiosarcoma. Rhinophyma-like features should be considered as an unusual clinical manifestation of cutaneous angiosarcoma.

**Key Words:** Angiosarcoma; cutaneous angiosarcoma; rhinophyma.

Bu yazıda burnunda iki yıldır inatçı bir lezyon olan 66 yaşında erkek bir rinofima olgusu sunuldu. Steroid tedavisine rağmen, lezyon büyümeye devam etti. Histopatolojik ve immünohistokimyasal bulgular, kütanöz anjiyosarkom ile uyumluydu. Rinofima benzeri özellikler, kütanöz anjiyosarkomun nadir klinik belirtileri olarak akla getirilmelidir.

**Anahtar Sözcükler:** Anjiyosarkom; kütanöz anjiyosarkom; rinofima.

Rhinophyma is a kind of rosacea that occurs most often in men with thick sebaceous skin.<sup>[1]</sup> It is characterized by patulous follicular orifices, thickened skin and large nodulocystic lesions clustered over the distal half of the nose.<sup>[2]</sup> Patients with rosacea may have complaints about increased sensitivity of the facial skin<sup>[3]</sup> and may have dry, flaking facial dermatitis, edema of the upper face<sup>[4]</sup> or persistent granulomatous papulonodules.<sup>[5]</sup> A rhinophyma lesion can mask the existence of coexisting occult skin cancers and many types of tumors can mimic a rhinophyma.<sup>[6]</sup>

Angiosarcoma is a rare vascular tumor accounting for 2% of soft tissue sarcomas, which together represent less than 1% of all cancers.<sup>[7]</sup> In 60% of cases it arises in skin or superficial soft tissue.<sup>[8]</sup>

Cutaneous angiosarcomas are aggressive neoplasms that mostly arise in three clinical settings: (i) sporadic (involving upper face, scalp and neck of elderly patients (ii) following chronic, persistent lymphedema and (iii) areas previously treated with radiotherapy.<sup>[9-12]</sup> They are clinically characterized by erythematous plaques, macules,

