Primary Angiosarcoma Masquerading as Scalp Hematoma After Head Injury [1].

A 20-year-old male with a painful right postauricular mass following a closed head injury. Radiologic studies demonstrated a large right osteolytic and heterogeneously enhancing mass. The patient underwent right transpetrosal craniectomy for resection. Histologic studies confirmed high-grade sarcoma. Immunohistochemical stains demonstrated uniformly positive ERG endothelial marker, CD31 stain with cytoplasmic and membranous patterns of immunopositivity, positive nuclear staining for FLI-1, positive cytoplasmic and membranous staining for CD99 and STAT6, and negative SMA stains in the neoplastic cells. The Ki-67 staining showed approximately 94% positivity in the neoplastic cell nuclei. Post-surgical follow-up imaging demonstrated evidence of metastatic right cervical lymphadenopathy.

Angiosarcoma of the temporal bone is extremely uncommon. In this case report, we explore a relationship between trauma and angiosarcoma of the temporal bone. We reviewed the literature regarding the pathogenesis, diagnosis, treatment, radiologic findings, and histologic characteristics of angiosarcoma of the temporal bone [2].

An angiosarcoma patient with brain abscess, and it might be responsible for skin defect and cranial bone necrosis by surgical excision and radiation. Our patient was treated with 10 courses of triweekly paclitaxel therapy, radical radiotherapy (70 Gy), and surgical excision (2 cm margin apart from a lesion) for angiosarcoma. At two years after the operation he was diagnosed as brain abscess. Brain abscess was managed with antibiotic drugs and drainage, his clinical symptoms improved by these treatments. He achieves replace free survival without the exacerbation of angiosarcoma and brain abscess for three years [3].

A very rare case of skull angiosarcoma associated with a calcified chronic subdural hematoma is presented. An asymptomatic subdural hematoma with an atypical history and radiological features should prompt further investigation. Contrast MRI images should to be obtained early to differentiate a subdural hematoma from other pathologies [4].

A 72-year-old woman, who had visited our hospital with gait disorder and progressive consciousness disturbance approximately 3 months after a minor head injury. Initially, on reviewing the results of imaging studies, she was diagnosed with traumatic chronic SDH. Despite repeated operations thereafter, including the embolization of the middle meningeal artery, her general condition progressively worsened, and head computed tomography results repeatedly showed the recurrence of SDH. Based on histopathological and intraoperative findings, she was finally diagnosed with angiosarcoma originating from the skull. She died shortly thereafter because of aggressive recurrent intracranial SDH caused by leptomeningeal dissemination.

In addition to cancers metastatic to the skull or dura mater, angiosarcoma should be included in the differential diagnosis for patients with repeated SDH and bone defect. An effective treatment for angiosarcoma with SDH which show unfavorable prognosis has not been established; however, an early diagnosis might be useful for a novel treatment [5].

Pülhorn et al., present the case of a 75-year old man with a primary angiosarcoma of C2 and C3 who underwent occipito-cervical (to C6) fixation. A first biopsy did not result in a diagnosis and a further anterior approach with repeat biopsy had to be undertaken. The patient received adjuvant radiotherapy and at 6-month follow-up there was no radiological progression of the angiosarcoma. ASs are a rare condition and due to paucity of data relating to management cases should be reported to aid understanding and development of guidelines for diagnosis and treatment [6].

1)
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