

Microscopy

bone with thinned trabeculae showing a neoplastic vasoproliferative neoplasm with lobularity of cells, prominent vessel lumens and neovascularization as well as mitotic activity. Intracytoplasmic lumens and multilayering are seen. The cells have an epithelioid appearance and areas of necrosis are seen. The centers of the active bony structure favors a metastatic process.

Favored diagnosis

As the tumor has an epithelioid appearance, immunohistochemistry is required to confirm the diagnosis, however the presence of neoplastic vasoproliferative features would favor a metastatic neoplasm. METASTATIC ANGIOsarcoma

Further work

correlate with previous history, this is a 53 year old woman, has there been a history of breast cancer with metastatic in the past? This would increase the likelihood of secondary neoplasm or a diagnosis of primary neoplasm in the past.

immunohistochemistry panel

	CD31	FLI1/EPC6	CD45	MelanA	AE1/3
lymphoma	-	-	+	-	-
carcinoma	-	-	-	-	+
melanoma	-	-	-	+	rarely

Angiosarcoma also contain MHC amplification commonly so this can be tested for

Management

epithelioid angiosarcoma occurs in bone and has a sharp male predominance multifocal and has an aggressive clinical course. Angiosarcoma is rare and is more common in elderly patients. There is an association with radonite, sun exposure and chronic lymphedema. Angiosarcoma can arise in skin, breast, kidney, liver, lung and spleen. Breast is the most common site after radonite therapy or breast cancer (usually large stage) which has a poor prognosis