

What Is Your Diagnosis?



A 47-year-old woman presented for evaluation of asymptomatic growths on and below her breast. She had a history of breast cancer treated with lumpectomy, chemotherapy, and radiation 10 years prior to presentation. Her medical history was remarkable for endometrial cancer treated with transabdominal hysterectomy and bilateral salpingo-oophorectomy. Her only medication was gabapentin. Her mother had ovarian cancer but family history was otherwise unremarkable.

Examination revealed vesicular lesions and flesh-colored papules. Mammography failed to reveal persistent breast cancer, and her clinical examination was otherwise noncontributory. No adenopathy was noted. Biopsy revealed an attenuated epidermis and markedly dilated lymphatics.

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The authors report no conflict of interest.

The Diagnosis: Benign Lymphangiomatous Papules Following Radiotherapy

The clinical and histologic findings are characteristic of benign lymphangiomatous papules (BLAPs) of the skin following radiotherapy (Figures 1 and 2). Benign lymphangiomatous papules can have a pseudosarcomatous histologic pattern but a benign clinical course.¹ Flesh-colored papules and vesicles typically develop in an area of prior irradiation.¹⁻³ Acquired progressive lymphangiomas can be considered in the differential diagnosis but do not typically demonstrate the large cavernous spaces noted in BLAPs. Lymphangioma circumscriptum may have an identical clinical and histologic appearance, but clinical history differentiates BLAPs from lymphangioma circumscriptum. Lymphangioma circumscriptum usually presents in childhood, while BLAPs are limited to areas treated with radiation. Early reports of lymphangioma circumscriptum and lymphangiectases arising after radiation therapy likely represent examples of BLAPs.^{4,5} Surgical removal of select lesions is helpful. Recurrence of a particular lesion is uncommon, but the development of new lesions in the treatment field should be suspected.

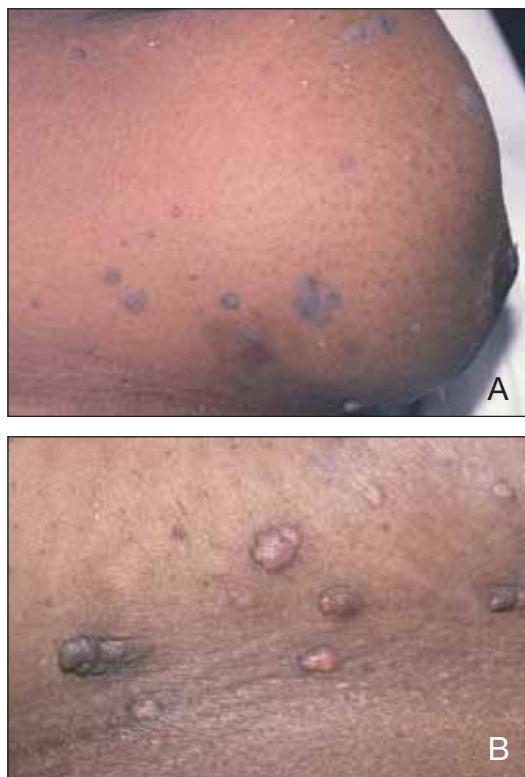


Figure 1. Flesh-colored papules in the breast area (A and B).

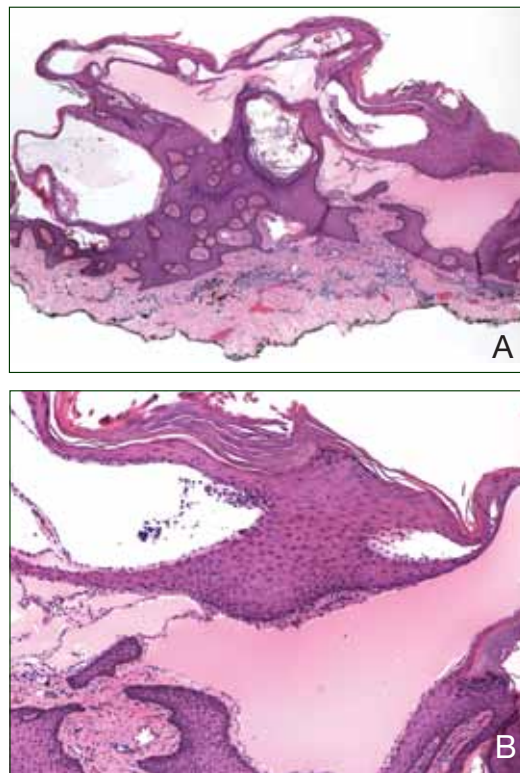


Figure 2. An exophytic and hyperkeratotic papule with markedly dilated lymphatics (A)(H&E, original magnification $\times 10$). Atypia of endothelial cells is not identified (B)(H&E, original magnification $\times 20$).

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