Discussion: Two cases of MC associated to HCV chronic infection in patients under sorafenib treatment are presented. It is hypothesized that sorafenib facilitates both formation and precipitation of immune complexes on the small vessels. In our opinion, presence of cryoglobulinemia should be investigated before and during treatment with sorafenib in patients with HCV infection.

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Atypical vascular lesions of the skin after radiotherapy for a breast cancer: a diagnosis to remember

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Introduction: Post-radiation atypical vascular lesions of the skin (AVL) are rare but well described in the literature. They display clinical and morphological overlap with well-differentiated angiosarcomas and the diagnosis could sometimes be problematic. The lesions may develop within a few months to years after radiation therapy or surgery of the breast. Two main histological variants are described: the vascular and the lymphatic type. Some studies report an evolution to a malignant angiosarcoma, especially for the more aggressive vascular type. Histological and immuno-histochemical analyses are useful for a correct diagnosis and for ruling out a malignant vascular proliferation.

Case report: We report the case of a 63 years-old woman, operated with lumpectomy in 2006 for a ductal carcinoma of the left breast. A standard protocol of chemotherapy and radiotherapy was performed as adjuvant treatment. Seven years after the radiotherapy, the patient developed quickly multiple vascular nodules on the treated zone of her left breast. Histological and immuno-histochemical analyses (CD31, MIB-1) supported the clinical diagnosis of post-radiation AVL and the absence of high expression of MYC ruled out a cutaneous angiosarcoma.

Conclusion: Post-radiation AVL of the skin are benign lesions that display clinical, histological and immuno-phenotypic overlap with well-differentiated angiosarcomas. Diagnosis requires good clinico-pathological correlation. In patients with breast cancer and a history of radiation therapy, close monitoring of the skin for new vascular lesions is recommended and a low threshold for biopsy should be emphasized. The treatment of choice is surgical excision of isolated and well-delimited skin lesions.

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Seborrheic keratosis with basal clear cells.

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Background: Seborrheic keratosis (SK) with basal clear cells is a recently described histopathological variant of SK that can microscopically mimic melanoma in situ. Nine cases have been previously reported. We had the opportunity to study another case of this rare entity.

Method: A 68-year-old woman presented with a 6 mm pigmented papule on the right shoulder. The clinical diagnosis was atypical nevus and the lesion was surgically removed.

Results: Histological examination revealed a well-demarcated acanthosis with slight papillomatosis and diffuse pigmentation of the epidermis; the characteristic architectural pattern of acanthotic SK. However, most basal layer cells showed large clear and vacuolated cytoplasm and basophilic nuclei. These features were reminiscent of a continu-