

When a Bruise Is Not Just a Bruise: Cutaneous Angiosarcoma Diagnosed in Primary Care

Andrea Casco*, M. Isabel Legazpi, Pol Masdeu Plana, Charinel Rivera, Verónica Alfonso, Mireia Mut

Primary Care Center (CAP) Sant Feliu de Guixols (ICS), Girona, Catalonia, Spain

*Corresponding author: Andrea Casco, Primary Care Center (CAP) Sant Feliu de Guixols (ICS), Girona, Catalonia, Spain.

Submitted: 08 January 2026 Accepted: 19 January 2026 Published: 28 February 2026

Citation: Casco, A., Casco, A., Legazpi, M. I., Masdeu Plana, P., Rivera, C., Alfonso, V., & Mut, M. (2026). When a bruise is not just a bruise: Cutaneous angiosarcoma diagnosed in primary care. *J of Clin Case Stu Fam Med*, 2(1), 01-02.

Abstract

Cutaneous angiosarcoma is a rare and highly aggressive vascular malignancy that often presents with non-specific clinical features, leading to delayed diagnosis and poor prognosis. Early lesions may resemble benign conditions such as bruises or hematomas, particularly in elderly patients and those receiving anticoagulant therapy. We report the case of an 88-year-old woman who presented in a primary care setting with a progressive violaceous lesion involving the scalp and facial region, initially interpreted as a spontaneous bruise. Despite conservative management, the lesion rapidly enlarged and was associated with periorbital edema. Histopathological examination of a skin punch biopsy confirmed the diagnosis of cutaneous angiosarcoma, with subsequent imaging revealing extensive local invasion, including osteolytic involvement of the parietal bone. Due to advanced disease stage, age, and comorbidities, curative treatment was not feasible, and the patient was referred for palliative care. This case highlights the diagnostic challenges of cutaneous angiosarcoma in primary care and underscores the importance of maintaining clinical suspicion and performing early biopsy in persistent or atypical bruise-like lesions to facilitate timely diagnosis and management.

Keywords: Cutaneous Angiosarcoma, Primary Care, Elderly Patient, Bruise-Like Lesion, Skin Biopsy Case Report; Vascular Tumor, Palliative Care.

Introduction

Cutaneous angiosarcoma (CAS) is a rare malignant neoplasm of endothelial origin characterized by aggressive local invasion and a high propensity for metastasis. It represents less than 2% of all soft tissue sarcomas and approximately 1–2% of cutaneous sarcomas. Despite its rarity, CAS is associated with a poor prognosis, with five-year survival rates ranging between 10% and 35%, largely due to delayed diagnosis and advanced disease at presentation. CAS predominantly affects elderly individuals and shows a marked predilection for the scalp and facial region. Early lesions often present as ill-defined erythematous or violaceous macules, plaques, or bruise-like discolorations, which may be mistaken for benign conditions such as ecchymosis, hematoma, dermatitis, or cellulitis. This nonspecific presentation frequently leads to under recognition, particularly in primary care settings, where initial assessment of skin lesions commonly occurs.

Diagnostic delay is a critical factor influencing prognosis in CAS. Tumor progression is often rapid, with early infiltration of surrounding soft tissues and underlying bone structures. Surgical resection with wide margins remains the cornerstone of curative treatment; however, many patients are diagnosed at a stage where curative options are no longer feasible. Given the pivotal role of primary care physicians in the early evaluation of skin lesions, awareness of atypical presentations of CAS is essential. This case report describes an elderly patient who's cutaneous angiosarcoma initially mimicked a benign bruise, underscoring the importance of clinical suspicion and timely biopsy in persistent or progressive lesions.

Case Presentation

An 88-year-old woman presented to her primary care physician with a violaceous lesion affecting the left hemicranial and facial region. Her medical history was significant for ischemic heart

disease, heart failure with preserved ejection fraction, chronic atrial fibrillation, and long-term oral anticoagulation therapy. She was functionally independent and lived at home. The lesion had appeared several weeks earlier and was initially interpreted as a spontaneous bruise, given the patient's anticoagulated status. However, the patient reported progressive enlargement of the lesion, accompanied by increasing periorbital edema on the left side. She denied any history of trauma, fever, pain, or systemic symptoms [1]. On physical examination, an ill-defined violaceous plaque involving the left scalp and extending to the periorbital and facial region was observed. The lesion was non-tender, poorly demarcated, and associated with moderate edema of the upper and lower eyelids. No palpable lymphadenopathy was detected. Due to concern for possible intracranial pathology, a cranial computed tomography (CT) scan was performed and revealed no acute abnormalities. Laboratory tests showed an international normalized ratio (INR) within the therapeutic range. Conservative management was initially adopted.

During follow-up visits, progressive enlargement and darkening of the lesion were noted, raising concern for an underlying pathological process. Given the persistence and progression of the lesion, a skin punch biopsy was performed in the primary care setting. Histopathological examination revealed an atypical vascular proliferation with irregular, anastomosing vascular channels lined by pleomorphic endothelial cells, findings consistent with cutaneous angiosarcoma. Subsequent extension studies demonstrated diffuse soft tissue thickening in the affected region, with predominantly osteolytic changes involving the parietal bone, indicating advanced local invasion. The case was discussed at a multidisciplinary tumor board. Given the extensive local disease, patient age, comorbidities, and lack of feasible curative options, surgical or oncological treatment was deemed inappropriate. The patient was referred to PADES, a home-based palliative care service, focusing on symptom control and quality of life.

Diagnostic Assessment

The diagnosis of CAS was established through histopathological analysis of a skin punch biopsy. Imaging studies played a complementary role in assessing the extent of disease. While initial cranial CT imaging was unremarkable, subsequent extension imaging revealed aggressive local infiltration, highlighting the rapid progression characteristic of this malignancy. Differential diagnoses considered included traumatic ecchymosis, anticoagulation-related hematoma, cellulitis, contact dermatitis, and other vascular tumors. The absence of trauma, lesion progression despite stable anticoagulation parameters, and atypical clinical

features prompted biopsy, which proved essential for diagnosis.

Discussion

Cutaneous angiosarcoma is a diagnostic challenge due to its variable and often misleading clinical presentation. In elderly patients, especially those receiving anticoagulation therapy, bruise-like lesions are commonly attributed to benign causes. This predisposes to delayed recognition of malignant conditions such as CAS. The scalp and face are the most frequently affected sites, likely due to rich vascular supply and chronic sun exposure. Early lesions may appear innocuous, but rapid progression and multifocality are typical. Bone invasion, as observed in this case, reflects advanced disease and portends a poor prognosis [2].

Early diagnosis significantly impacts management options. When detected at an early stage, wide surgical excision combined with radiotherapy may improve local control and survival. Unfortunately, most cases are diagnosed when the disease is already extensive. This case highlights the crucial role of primary care physicians in recognizing warning signs: persistence, progression, lack of trauma history, and atypical appearance of bruising in elderly patients. Prompt biopsy of suspicious lesions is a low-risk intervention with potentially life-altering implications. In advanced cases where curative treatment is not possible, early involvement of palliative care services is essential to ensure symptom management and patient-centered care.

Conclusions and Learning Points

Cutaneous angiosarcoma is a rare but aggressive malignancy that may masquerade as benign bruising, particularly in elderly patients. Primary care physicians should maintain a high index of suspicion when evaluating persistent, progressive, or atypical bruises of the scalp or face. Early biopsy is critical for diagnosis and may significantly influence prognosis and management. When curative treatment is not feasible, timely referral to palliative care ensures appropriate support and quality of life for affected patients.

References

1. Fayette, J., Martin, E., Piperno-Neumann, S., Le Cesne, A., Robert, C., Bonvalot, S., & Coindre, J. M. (2007). Angiosarcomas, a heterogeneous group of sarcomas with specific behavior depending on primary site: A retrospective study of 161 cases. *Annals of Oncology*, 18(12), 2030–2036.
2. Young, R. J., Brown, N. J., Reed, M. W., Hughes, D., & Woll, P. J. (2010). Angiosarcoma. *The Lancet Oncology*, 11(10), 983–991.