

## DELAYED ATYPICAL CUTANEOUS INFECTION POST RADIOTHERAPY IN A CASE OF RECURRENT WELL DIFFERENTIATED LIPOSARCOMA

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### INTRODUCTION:

Liposarcoma is the prevalent form of soft-tissue sarcoma, comprising 15% of all sarcomas<sup>[1]</sup>. Adjuvant radiotherapy plays an important role in treatment of liposarcoma however it is a known risk factor for atypical cutaneous infection<sup>[2]</sup>.

### REPORT:

We present a case of a 67 years old Malay lady who is a known case of recurrent left thigh well differentiated liposarcoma. Patient underwent wide resection of left thigh mass in 2009 and 2017 respectively with HPE report from latter surgery reported <1mm surgical margin. Patient completed radiotherapy in July 2018 and no recurrence noted during further follow ups.

Patient then presented to us in November 2022 with acute onset of left lower limb pain and swelling for 3 days. Clinically, there were extensive indurated erythematous patches and vesicular plaques over the left thigh. Skin biopsy showed features of inflammation. Ultrasound left thigh showed features of cellulitis changes and ultrasound left knee showed left suprapatellar collection with intra-articular extension. Patient underwent arthrotomy washout of left knee 1 week post initiation of antibiotics. Intra-op noted presence of slough at suprapatellar pouch. Patient was treated with antibiotics for 6 weeks. Upon discharge, clinically wound improved and infective markers down-going trend.



**Figure 1:** left thigh lateral aspect on admission

### DISCUSSION:

Clinicians should be aware that cutaneous infection could develop few years after radiotherapy. It is also worthwhile to note that infection may not be contained at the skin as it can spread to deeper soft tissues. In addition to antibiotic treatment, occasionally surgery maybe warranted in such cases. To our knowledge, there were no reported cases of severe atypical cutaneous infection which required amputation.

### CONCLUSION:

Approach in managing atypical cutaneous infection post radiotherapy should include ruling out skin metastasis and one should be vigilant regarding deep tissue infection. Prompt surgical intervention should be carried out together with adequate antibiotic coverage to prevent catastrophic complications.

### REFERENCES:

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2. Ashack KA, Kuritza V, Visconti MJ, Ashack L. Dermatologic Sequelae Associated with Radiation Therapy. Am J Clin Dermatol. 2020;21(4):541-55.