INTRODUCTION

Radiation therapy is an integral part of the locoregional treatment of many cancers, particularly carcinoma of the breast. Whole breast irradiation, frequently with additional radiation or “boost” to the tumor bed, is a standard adjuvant treatment after breast-conserving surgery. In combination with systemic chemotherapy, chest wall and regional nodal irradiation after mastectomy reduces breast cancer mortality and is indicated in patients with large primary tumors or multiple positive lymph nodes [8, 34]. However, radiotherapy is also considered a risk factor in breast cancer patients for the development of soft-tissue and bone sarcoma [1, 14, 23, 36]. The postirradiation sarcoma (PIS) that develops in the irradiated breast is a rare iatrogenic complication of these tumors. Nonetheless, with new indications for radiotherapy and increased screening of breast cancer, the number of post-radiation sarcoma will increase in the future.

Reported PIS of the breast include angiosarcoma, osteosarcoma, fibrosarcoma, and malignant fibrous histiocytoma (MFH) [1, 14, 36]. Only a few sporadic MFHs located in the breast region have been reported in the English literature [6, 7, 18, 22, 24, 26, 32, 33, 35]. We report a case of MFH of the breast occurring 7.8 years after radiation treatment for infiltrating duct carcinoma. Our aim is to highlight this rare