Commentary on “Radiation-induced leiomyosarcoma following mastectomy: a case report” by Wain et al.

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Received: 1 April 2010 / Accepted: 1 April 2010 / Published online: 26 June 2010
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I have chosen to publish this paper as a reminder to be aware of postradiation ulceration. If this occurs, think malignancy. Biopsy should be done and, if positive, there should be wide resection and repair with well-vascularized tissue, muscle flap,

and simple skin reconstruction—skin graft. Follow-up should be frequent, and any suspicious region should be biopsied.

This seems very elementary, but unfortunately these simple rules are not always obeyed.

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