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SKIN CANCER (OTHER THAN MELANOMA)

AN OVERLOOKED AGGRESSIVE TUMOR: MERKEL CELL CARCINOMA

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Background: Merkel cell carcinoma (MCC) is an uncommon primary cutaneous neuroendocrine cancer. It occurs mostly on sun-exposed areas of the skin in elderly and immunosuppressed individuals. MCC is most commonly occurs on sun-exposed areas of white older patients. At least half of patients with MCC develop lymph node metastases and nearly one third develop distant metastases. The most common clinical features of MCC follow the AEIOU (asymptomatic, expanding rapidly, immune suppression, older than 50 years of age, ultraviolet-exposed skin) criteria. The majority of MCC is associated with Merkel cell polyomavirus, while the remaining is triggered by UV-mediated mutations. Since MCC is a highly aggressive malignancy, its treatment requires a multidisciplinary approach. Surgical excision with a goal of establishing clear margins is the mainstay of treatment. Radiation monotherapy, chemotherapy, immune checkpoint inhibitors and targeted molecular therapy are other treatment options.

Observation: A 91 year-old-old white woman was referred to our department with a painless, erythematous 2x2 cm sized infiltrated nodular lesion on her left cheek. The mass had slowly enlarged during the past 2 months. The initial clinical impression suggested that the mass was an infected epidermal nodule, therefore systemic antibiotics had been given and previous physicians had tried surgical drainage. However, the lesions had proven refractory to these conservative treatments. Histologic examination and immunohistochemical staining, of a biopsy specimen was compatible with MCC. Computed tomography and positron emission tomography revealed multiple lymph nodes on the neck which that was compatible with malign appearance. The patient was referred to medical oncology department for further investigations.

Key message: There is no data on the incidence of MCC in Turkey. But we now that the incidence is dramatically increasing. Physicians should consider MCC as a differential diagnosis when encountering a rapidly growing, painless lesion. Early diagnosis and treatment may improve patient survival rates.





