



SKIN CANCER (OTHER THAN MELANOMA)

MERKEL CELL CARCINOMA MIMIKING A BENIGN TUMOR

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Background: Merkel cell carcinoma (MCC) is a rare but aggressive cutaneous carcinoma that is associated with high metastatic potential. Its pathogenesis is still poorly understood and treatment remains controversial. We report a case of a 58-year-old patient.

Observation: A 58-year-old woman without any relevant medical history, consulted us for painless subcutaneous mass in the right eyebrow evolving for 2 months. Physical examinations revealed a 2,5 cm firm mass with no evidence of cervical lymphadenopathy. The suspected diagnosis were a dermal cyst or an adenoma of the lacrimal gland. However, an adnexal neoplasm was not excluded. A tomodensitometry was in favor of the benignity. The patient was thus treated with local excision. Histology result identified a MCC. A complementary oncology resection with repair of the defect by a local flap was performed. Further review at 6 months revealed the presence of cervical lymphadenopathy. Lymph node dissection was performed and metastasis were confirmed by the histology. The patient had adjuvant radiotherapy and was followed for 5 years with no recurrence or distal metastases.

Key message: MCC, first described in 1972 by Toker, is a rare and aggressive form of skin cancer. It mostly presents as a painless, firm, nodule, small plaque or ulcerated lesion that can be erythematous or violaceous in sun-exposed parts of the skin. Lymph node involvement is an important prognostic factor. The clinical differential diagnosis consists mainly of amelanotic melanoma, adnexal and vascular tumors, dermatofibroma, squamous cell carcinoma and cutaneous metastases of visceral cancer which can be differentiated by the immunohistochemical study. The optimal treatment for MCC remains a controversial problem and it varies according to the stage of the disease. Recently it has been shown that the removal of minimal tissue should be the mainstay of treatment. Selective lymphadenectomy can be proposed. Recent reports have shown that adjuvant radiotherapy may improve outcomes in terms of minimizing the risk of local and regional recurrence. Multidisciplinary management is essential to determine the best choice of treatment.

