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IMAGES IN CLINICAL MEDICINE

MERKEL CELL CARCINOMA
A RARE NEUROENDOCRINE NEOPLASM

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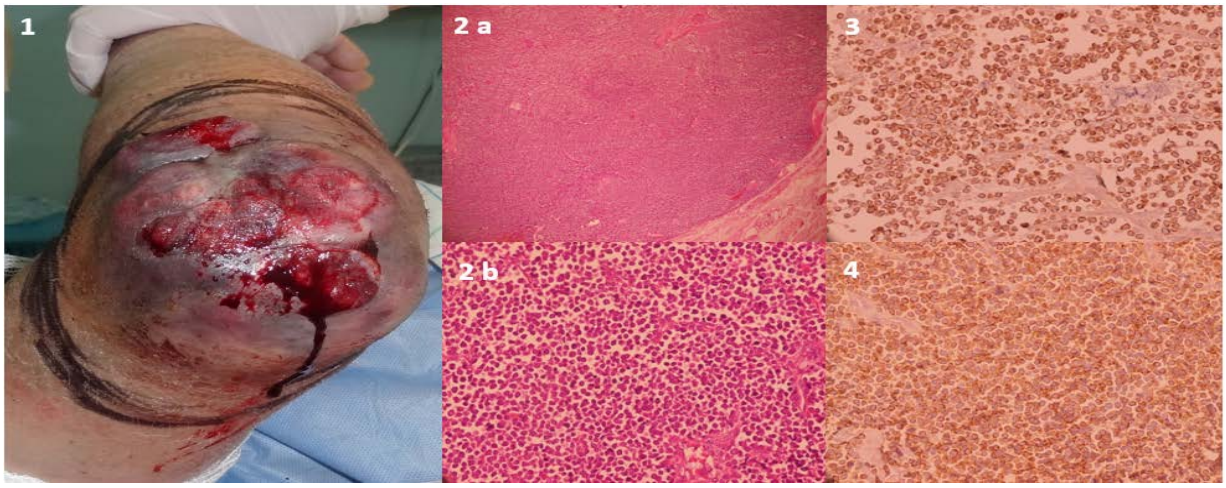

A 67-year-old man patient , with no remarkable medical or family history, presented with a 7-months history of nodular lesion of the posterior surface of the right elbow, painless and progressively increasing size. Physical examination revealed: a nodular closet with 11cm in its long axis, erythematous, purplish, limited, movable relative to the adjacent planes, ulcerated in places on the surface and bleeding on contact (Panel 1). There were no locoregional lymph nodes or signs of systemic disease. An incisional biopsy was performed and histology showed a malignant infiltrating tumor proliferation with round cell and large necrotic ulceration. Chromatin is immature with little cytoplasm and mitosis which are many (Panel 2). Immunohistochemistry confirmed the diagnosis of Merkel cell carcinoma (MCC), with positive staining for Pan Cytokeratin (CK20 +) (Panel 3), chromogranin A (Panel 4), and negative staining for anti-S100 protein . A thoracic-abdominal-pelvic CT scan was without anomalies. Our patient was treated with complete excision (2 cm margin from lateral and extra deep fascia), secondary coverage by a flap and additional radiotherapy. The outcome was favorable with a decline of 22 months.
MCC is a rare and highly aggressive primary cutaneous neuroendocrine carcinoma. It was first described by Toker in 1972 as trabecular carcinoma of the skin. Because of its nonspecific clinical appearance, MCC is rarely suspected prior to biopsy. There are no known circulating tumor markers specifically for this carcinoma. Surgery continues to be the recommended primary modality of treatment with wide local excision with negative margins.

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