



Contents lists available at ScienceDirect

International Journal of Surgery Case Reports

journal homepage: www.casereports.com

A 76 year old male with an unusual presentation of merkel cell carcinoma



Joel C. Acab^{a,*}, Wade Kvatum^a, Chukwuma Ebo^b

^a Trinity School of Medicine, 5755 North Point Pkwy #230, Alpharetta, GA 30022, United States

^b Mace Medical, 1124 Mace Ave, Essex, MD, 21221, United States

ARTICLE INFO

Article history:

Received 11 April 2016

Received in revised form 26 April 2016

Accepted 26 April 2016

Available online 3 May 2016

Keywords:

Merkel cell carcinoma

Skin cancer

Skin lesions

Cellulitis

Gastrointestinal metastasis

ABSTRACT

INTRODUCTION: Merkel Cell Carcinoma is an aggressively malignant, neuroendocrine-derived, cutaneous neoplasm that commonly affects sun-exposed areas of the elderly population. MCC typically presents as a rapidly enlarging, painless nodule that is red to purple in color and located on sun exposed areas such as the head, neck and arms. Although rare, cases of MCC on non-sun exposed skin have been documented and typically have a worse prognosis.

PRESENTATION OF CASE: We report an atypical case of Merkel Cell Carcinoma originating in a non-sun exposed area of the body with evidence of distant metastasis. A 76-year-old male presented with complaints of a firm lesion in his left gluteal fold.

DISCUSSION: Clinical diagnosis of MCC is usually made from a combination of history and physical, skin and nodal examination, biopsy sample with H&E prep, and immunopanel. Treatment according to the National Comprehensive Cancer Network[®] (NCCN[®]) is directed by lymph node involvement and metastasis.

CONCLUSION: With initial unsuccessful treatment, his lesion was excised and pathological evaluation reported Merkel Cell Carcinoma (MCC). Despite further surgical excision and adjuvant chemotherapy, increased hyper metabolism was found in the left descending colon and left prostate of unknown etiology. There have been reports of metastasis of primary MCC to the small bowel mesentery; therefore new focal hyper metabolism cannot be delineated precisely as unrelated to MCC until biopsy and histochemical staining are performed.

© 2016 The Author(s). Published by Elsevier Ltd on behalf of IJS Publishing Group Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Merkel Cell Carcinoma (MCC) is an aggressively malignant, neuroendocrine-derived, cutaneous neoplasm that commonly affects sun-exposed areas of the elderly population [1]. The etiology is likely multifactorial with immunosuppression, UV-induced skin damage, and viral factors, such as Merkel Cell Polyomavirus (MCPyV) contributing to the development of this neoplasm [1,2]. Occurrence of MCC is rare, but it does have the fastest increasing incidence of all skin cancers showing a 0.15–0.44 per 100,000 increase from 1986 to 2001 [3]. MCC typically presents as a rapidly enlarging, painless nodule that is red to purple in color and located on sun exposed areas such as the head, neck and arms [4]. Although rare, cases of MCC on non-sun exposed skin have been documented and typically have a worse prognosis [5]. The risk for developing MCC is increased in the elderly and male populations, as well as in

those with high UV exposure or who are immunosuppressed [4]. This malignancy almost exclusively affects Caucasian populations, with 98% of all cases occurring in this demographic, suggesting possible protection by darker skin pigmentation [6]. Early locoregional metastasis is typical of MCC and is associated with 5 year survival rate of 50% [7]. Once MCC has undergone distant metastasis the 1 year survival rate drops to 44% [7].

2. Presentation of case

2.1. Initial presentation

A 76 year old, Caucasian male presented to his primary care physician one-month post-op from an orthopedic back procedure with a chief complaint of a sore in the inner crease of his left gluteus. The patient stated that the sore had remained the same size over the previous month, and it was noted on physical exam to be a firm, red nodule that was not warm to the touch. The lesion was also moveable and elicited a stinging sensation on palpation. An initial diagnosis of cellulitis with abscess was made and the patient was started on a ten-day course of TMP-Sulfamethoxazole.

* Corresponding author. Permanent address: 21507 42nd Ave. S. #G2 Seatac, WA 98198, United States.

E-mail address: joelchristopher17@gmail.com (J.C. Acab).

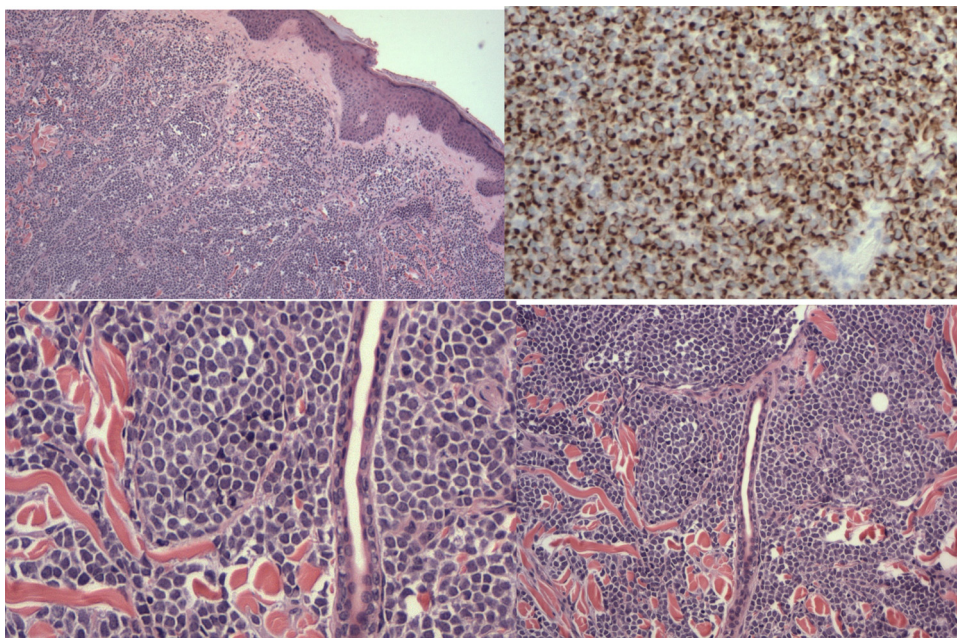


Fig. 1. Excisional biopsy of the lesion located in the left gluteal crease revealed Merkel Cell Carcinoma with positive margins (02/11/2015).

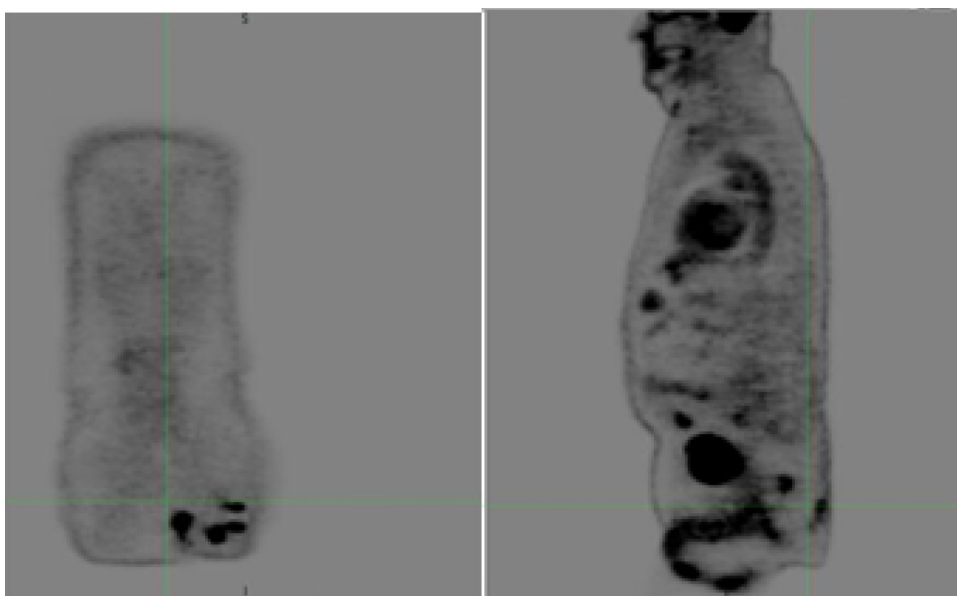


Fig. 2. Images of the PET scan one month post-surgical excision showing largest masses measuring 2.3×1.8 cm and 2×2 cm with SUV max values of 13.3 and 10.4 respectively (4.13.15).

At a follow-up appointment one week later it was revealed that the lesion no longer stung, but that the patient was still distressed by its presence. The patient was then referred to a plastic surgeon with a suspected diagnosis of cellulitis and abscess with associated fat necrosis. Surgical excision of the lesion was completed one month after the patient's initial visit. Pathological evaluation of the specimen following excision revealed a diagnosis of Merkel cell carcinoma with positive margins (Fig. 1).

2.2. Treatment course

A second surgical procedure took place two weeks later in order to obtain negative margins confirmed by frozen section. A PET scan performed one month later revealed several subcutaneous masses

involving the left buttock extending to the midline (Fig. 2). Additionally, a 2.1 cm left external iliac inguinal node showed a SUV max of 15.7. Three weeks following the PET scan, the patient underwent a radical resection of his bilateral buttocks in addition to a sentinel node procedure. Negative margins were achieved and two positive nodes were removed. A second PET scan performed two months later revealed a nodule in the right lung in addition to a nodular focus in the subcutaneous adipose tissue of the left gluteal region (Fig. 3). This scan also showed a right inguinal node.

2.3. Adjuvant therapy

Two weeks later the patient began a two-month course of chemotherapy consisting of Cisplatin and Etoposide. Two weeks

Download English Version:

<https://daneshyari.com/en/article/4288533>

Download Persian Version:

<https://daneshyari.com/article/4288533>

[Daneshyari.com](https://daneshyari.com)