

Deeply located Merkel cell carcinoma

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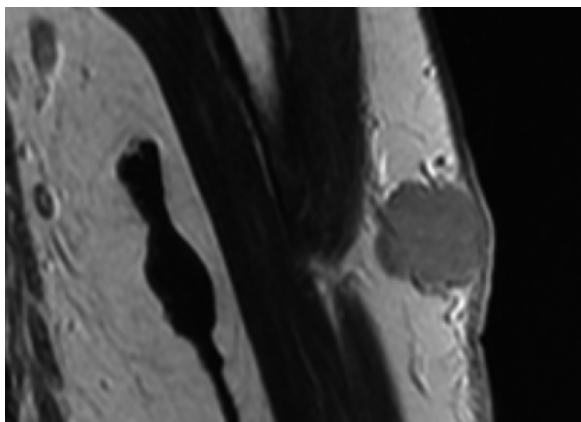


Figure 1. Polycyclic tumor in the adipose tissue lying at the level of the deltoid muscle attachment

Merkel cell carcinoma (MCC) is 40 times less frequent compared to melanoma and typically develops superficially on the head and neck skin in elderly patients. However there are infrequent cases located initially not superficially (i.e. not directly on the surface of the skin) [1]. In 89-years old female with a soft tissue tumor on her left arm not related to the skin, on palpation located subcutaneously, on MRI there was polycyclic 3 cm large tumor in the adipose tissue lying at the level of the deltoid muscle attachment with heterogenous contrast enhancement and edema of the adjacent adipose tissue (fig.1) In the axilla no enlarged lymph nodes were seen. The patient underwent core-needle biopsy guided by USG showing neuroendocrine carcinoma, probably MCC. Patient underwent a wide local excision for MCC with sentinel node biopsy. Histopathology revealed MCC pT2N0R0 with angio-

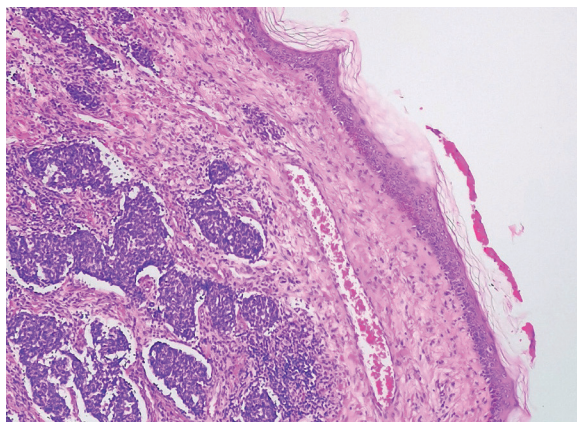


Figure 2. MCC infiltration. Tumor outbreaks in the dermal and subcutaneous tissue on the left arm (courtesy of Dariusz Pabis, MD)

invasion (LV1) and epidermal ulceration (fig. 2). There were no sentinel nodes metastases. MCC typically presents as a rapidly growing, erythematous lesion in the dermal layer of the skin. MCC are grouped into growth patterns: nodular and infiltrative. Nodular type is characterized by relatively well – circumscribed – composed of one or two nodules. Infiltrative type is defined as ill-circumscribed tumor, cells infiltrate through dermal layer or deeper into soft tissue. MCC rarely occurs only in the subcutaneous tissues [2].

References

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Jak cytować / How to cite:

Robak RR, Wojewoda T, Wysocki WM. *Deeply located Merkel cell carcinoma*. *NOWOTWORY J Oncol* 2022; 72: 408.