Dear Editor;

Merkel cell carcinoma (MCC) is a rare, aggressive tumor of the skin. It was first described by Toker in 1972 as trabecular carcinoma. It’s derived from Merkel cells which exhibits neuroendocrine features at the dermoe- pidermal junction. Clinically, it’s seen as single, painless, fast-growing, red blue colored ulcerated nodules. The increasing incidence of MCC over the past 15 years in concern with their biologically aggressive nature demand prompt diagnosis and treatment of this disease.

A 73-years-old male patient has been referred to our clinic because of a 3x4 cm nodule on the third finger of his right hand. There was no epitrochlear or axillary lymphadenopathy on physical examination and no evidence of distant metastases on metastatic work up. Amputation of the third ray was performed under general anesthesia (Figure 1-2). Immunohistochemical staining revealed that the neoplastic cells expressed cytokeratin 20 (CK20) in a perinuclear dot-like fashion (Figure 3). The patient was referred to oncology clinic postoperatively. He is followed up every 6 months, and is disease free for 4 years.

The highest incidence of MCC is seen in Caucasian men, older than 65 years of age. According to the surveillance, epidemiology and end results data, only 49% of patients present with localized disease, with 19.3% presenting with a primary lesion of the upper limb. Only ten well documented cases of MCC on the finger have been reported previously in the literature.\textsuperscript{1-5} Mikolyzk and Bernard reported two cases of MCC treated with ray amputation and sentinel lymph node sampling with greater than 5 years of follow up.\textsuperscript{1} Also, they suggested that ray resection of the digit may be curative in the absence of metastatic disease. Similarly, our case has been disease free for more than 4 years. In conclusion, due to the local recurrence, regional and distant metastases rates are extremely high in MCC, careful peroperative assessment and appropriate treatment according to tumor location may be lifesaving.

Figure 1. Preoperative view of the mass

Figure 2. Immunohistochemical staining with cytokeratin 20
Figure 3. Postoperative view of the patient

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