



SKIN CANCER (OTHER THAN MELANOMA)

MERKEL CELL CARCINOMA MIMICKING TRAUMATIC PANNICULITIS

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Background: Merkel cell carcinoma (MCC) is a rare, aggressive malignant neuroendocrine tumor with a high mortality rate. It is mostly presented as a red-violaceous, firm, painless solitary nodule. Herein, we present an unusual case of MCC arising from subcutaneous fat tissue and without obvious surface change.

Observation: An otherwise healthy 55-year-old male patient presented with a 3-month history of painful firm lesion on his right lomber region occurred after blunt trauma. The lesion expanded progressively. Physical examination revealed 3x3 cm subcutaneous nodule in his right lomber region. The overlying skin was slightly erythematous. The nodule had irregular borders and was painful with palpation. A punch biopsy was performed with initial diagnosis of traumatic panniculitis. Histopathologic examination revealed extensive infiltration of subcutaneous fat tissue and a small part of deep dermis composed of monotonously uniform, round, blue atypical cells that contain wide basophilic nucleus and scant cytoplasm. Immunohistochemical study showed positive staining with pankeratin, CK20, synaptophysin, chromogranin and CD56. Immunostaining for thyroid transcription factor (TTF-1) was negative. The patient was diagnosed as panniculitic MCC. Whole body PET scan did not showed any metastatic tumor. Tumor markers were negative. The tumor was excised with 2 cm margins. It was measured 3x2.7 cm and focal lymphovascular invasion was detected. Ki67 proliferation index was 90%. The tumor was evaluated as stage IIA according to 8th AJCC clinical staging system.

Key message: MCC is frequently misdiagnosed as benign lesions like cyst or lipoma. To our knowledge, there are few reported cases of panniculitic MCC in the literature. We report the thirteenth case with the main suspected diagnosis of traumatic panniculitis. It is aimed to emphasize that biopsy threshold should be kept low in the rapidly growing subcutaneous lesions and also MCC should be in the differential diagnosis.

