MERKEL CELL CARCINOMA - A RARE DIFFERENTIAL DIAGNOSIS IN PROCTOLOGY
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INTRODUCTION
Merkel cell carcinoma (MCC) is a rare and highly aggressive neuroendocrine tumor oft the skin. The tumor usually occurs in sun-exposed areas, like head and neck. UV-exposition and immunosuppression are the known major risk factors. Due to relatively uncharacteristic clinic the MCC are clinically often misjudged, this can have fatal consequences. There are some case reports of occurrence of MCC in unusual locations. We describe the case of a MCC arising in gluteal region.

CASE REPORT
A 52- year old previously healthy man presented with a painful knot in the gluteal region which appeared over six weeks. There was no change after 1 week of antibiotic therapy. On clinical examination he presented with a subcutaneous process impressed as an abszess or infected atheroma or hematoma with a size of 5x5cm. Urgent excision biopsy revealed a small cell neuroendocrine carcinoma, which immunohistochemical staining showed a strong positivity for CK 20, which verified the diagnosis of a merkel cell carcinoma of the skin.
A CT of the pelvis showed a 5x5x3cm tumor in the right gluteal region (Figure 1). Staging CT of chest and abdomen identified some suspicious pulmonary nodules but subsequent PET scans showed no evidence of metastatic disease.

RESULTS
According to recommended literature surgical excision with margin of 3cm was performed. Covering of the defect was performed by plastic surgical procedure with a local flap technique (Photo series). Interdisciplinary presentation of the patient followed the procedure. After the R0- resection the postoperative radiotherapy was appointed in the meaning of the curative approach. From the literature review, postoperative radiotherapy given to the tumor bed and the adjacent lymph nodes appear to provide optimal local control and should be considered mandatory in the curative management of MCC.

CONCLUSION
MCC can be included in the differential diagnosis of gluteal neoplasms. The likelihood of confusion can be given at MCC with an abszess. Moreover, in rare cases MCC of anal canal initially diagnosed as a thrombosed hemorrhoid has been reported. Because the definitive diagnosis requires histology it is recommended to maintain a high level of suspicion for suspect lesions.
In addition, we emphasize the value of multidisciplinary care of patients with MCC.

References