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Abstract

Rare tumours

MERKEL CELL CARCINOMA

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Merkel cell carcinoma is a rare and aggressive form of skin cancer of likely neuroendocrine origin which affects mainly white population in sun-exposed areas. The cell of origin is thought to be the Merkel cell or skin-pressure receptor. It has the propensity for dermal-lymphatic invasion, and nodal and haematogenous spread. The survival is dependent on stage at the time of diagnosis. The staging evaluation include CT imaging and recently PET scan. The optimal treatment of patients with Merkel cell carcinoma remains debated with recent evidence adding support for multimodality approach. Surgical excision with or without lymph node dissection followed by post-operative radiotherapy in stage II disease, is the standard treatment of non metastatic disease. The role of adjuvant chemotherapy is still controversial. In patients with metastatic disease, chemotherapy regimens active in small cell lung cancer are generally used. The combination of cyclophosphamide, doxorubicin and vincristine (CAV) has an overall response rate of 75%, whereas the response rate of etoposide in combination with cisplatin or carboplatin is 60%. Experience with other therapeutic agents, such as tumor necrosis factor, interferon and octreotide is scanty. Our experience in 17 patients, six of whom treated with chemotherapy for advanced disease, is in agreement with literature data.

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