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Pancreatic metastasis of Merkel-cell carcinoma: a rare neoplasm of the pancreas

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Dear Editor,

We carefully read the article by Betés et al. (1) regarding the role of echoendoscopy plus fine-needle aspiration (FNA) in the diagnosis of pancreatic metastases. Only 2-3.9 % of pancreatic malignancies represent metastases from other tumors, the most common origins include the lungs, kidneys and gastrointestinal tract. The potential presence of metastatic disease should be suspected when faced with a pancreatic lesion in a patient with a history of cancer. Differentiating between primary and secondary lesions using diagnostic imaging may be challenging, whereas EUS-guided FNA is a safe and accurate procedure to obtain a tissue diagnosis. We report herein the case of a 70-year-old male who presented with jaundice and an indurated, vascularized, adherent nodule in his right thigh, 18 months after having been successfully treated for a Merkel-cell carcinoma in the right groin (Fig. 1A). Echoendoscopy identified a 48 x 45-mm mass at the head of the pancreas and a perilesional adenopathy with no evidence of vascular involvement (Fig. 1B). FNA revealed cell proliferation (Fig. 1C), which was positive for CD56 (Fig. 1D), synaptophysin and chromogranin, and negative for TTF1, CK7, and CK20 by immunohistochemically. These findings were consistent with a poorly differentiated



neuroendocrine carcinoma. The lesion was thought to be a pancreatic metastasis of Merkel-cell carcinoma in view of the patients' history, which represents a rare finding.

DISCUSSION

Merkel-cell carcinoma (MCC) is a rare, aggressive neuroendocrine tumor of the skin with a frequency of 0.6/100,000 population. Immunohistochemically, the CK20 marker is highly sensitive and specific. Chromogranin, synaptophysin and CD56 may also be positive but are less specific and TTF1 and CK7 are usually negative (2). Around half of patients develop distant involvement during the course of disease. The liver, brain and bones are the most common sites of metastatic disease. Metastatic spread to the pancreas is exceptional (3). The prognosis worsens dramatically once metastases develop, with a median survival of 9 months.

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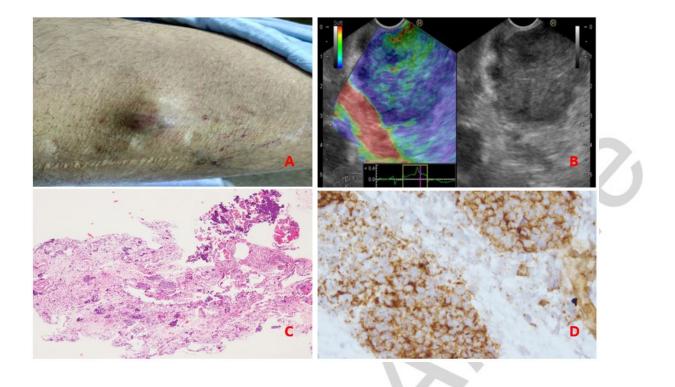


Fig. 1. A. An indurated, vascularized, adherent nodule in the right thigh. B. A 48 x 45mm mass at the head of the pancreas with no evidence of vascular involvement. C. EUS-guided FNA cell-block. D. Cell proliferation that was positive for CD56 via immunohistochemistry.