

# 경부 림프절 전이를 동반한 혀부의 Merkel Cell Carcinoma 1예

이 환 호

## A Case of Merkel Cell Carcinoma with Cervical Lymph Node Metastasis

Hwan Ho Lee, MD

Department of Otolaryngology, Kosin University College of Medicine, Busan, Korea

### —ABSTRACT—

Merkel cell carcinoma (MCC) is rare primary neuroendocrine skin tumor that usually arises in the head and neck or extremities of elderly patients. MCC has a high incidence of locoregional recurrence with distant metastasis. The treatment of choice is wide local excision of the primary lesion and regional lymph nodes followed by irradiation. I experienced a case of MCC in the cheek area with submandibular lymph node metastasis. The patient died of metastatic disease 13 months after operation. I report this case with review of literatures. (J Clinical Otolaryngol 2005;16:323-326)

KEY WORDS : Merkel cell carcinoma · Cheek · Lymphatic metastasis.

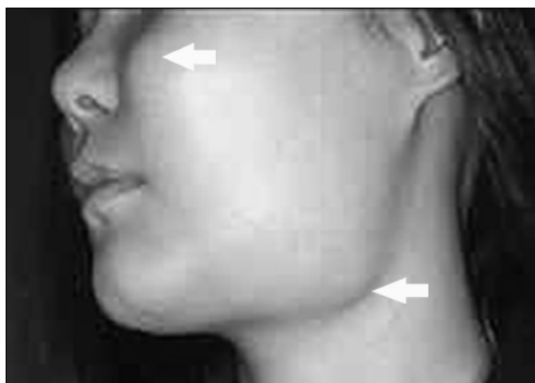
서 론	13	
Merkel cell carcinoma 1-3)	26	증 례
가 3)	5	가 1
30~64% 4)	34	2 × 3 cm
Merkel cell carcinoma 1		3 × 3 cm
: 2005 9 3		(Fig. 1).
: 2005 10 4		X-
: , 602 - 702		(CT)
: (051) 990 - 6470 · : (051) 245 - 8539		(Fig. 2).
E - mail : hornet@mdhouse.com		

(MRI) T2WI  
가  
T1W1

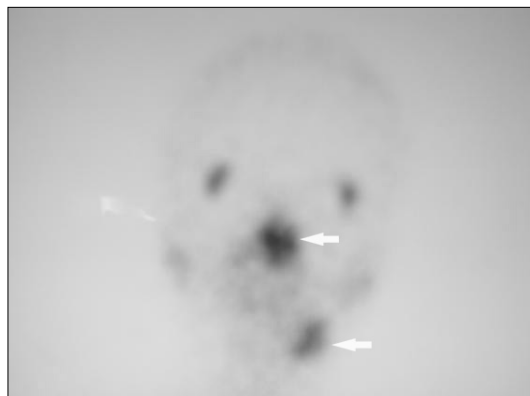
(Fig. 3).

Gallium scan  
Gallium 가 (Fig. 4).

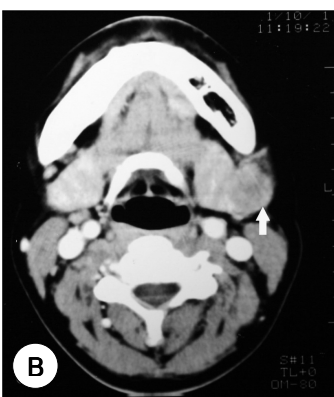
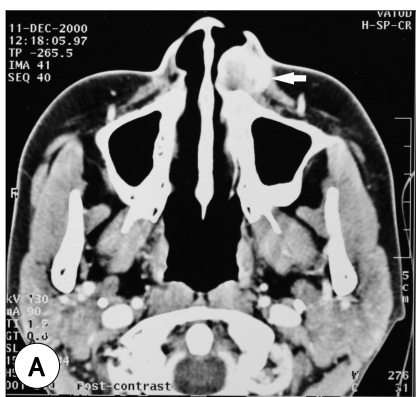
neuroendocrine tumor



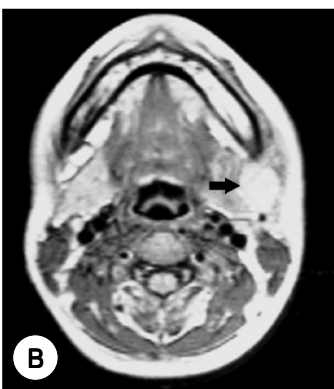
**Fig. 1.** Preoperative figure of the patient. A buccal mass protruding to left nasal vestibule, and a metastatic mass adjacent to left submandibular gland (arrow).



**Fig. 4.** Preoperative Gallium scan. Focal gallium uptake at left buccal area and left submandibular area indicating lymph node (arrow).

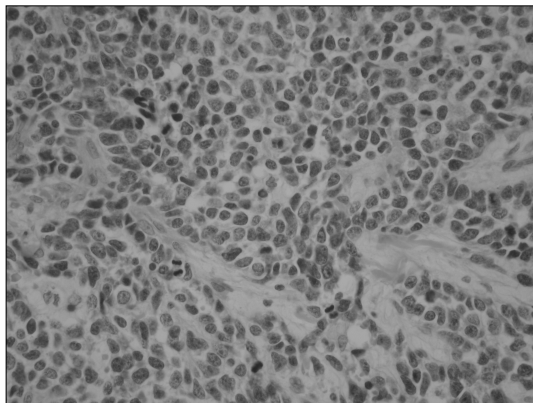


**Fig. 2.** Preoperative contrast enhanced axial CT scan. A : Axial section shows a highly enhanced soft tissue mass (arrow) at left cheek protruding into left nasal vestibule. No evidence of bony erosion or destruction was observed. B : A 1.5 cm sized mass-like lesion with (arrow) homogeneous enhancement, adjacent to left submandibular gland.



**Fig. 3.** Preoperative MRI. A : Axial T2WI shows a high signal mass (arrow), identified at the CT scan of Fig. 2A, well-demarcated from surrounding soft tissues. B : Enhanced-T1WI shows a high signal mass (arrow) identified at Fig. 2B.

Merkel cell carcinoma 1  
 2 × 3 cm 가  
 (Fig. 6).  
 가  
 (nucleoli)  
 Merkel cell carcinoma  
 (Fig. 5).  
 Neuron specific  
 enolase, Cytokeratin antigen, Chromogranin  
 , S - 100 protein, Leukocyte common  
 antigen  
 가  
 3 5240  
 cGy , 3  
 Gallium scan,  
 8 cyclophosphamide, metho-  
 trexate, adriamycin 8  
 12



**Fig. 5.** Pathologic finding. H & E stained section in histology from the Merkel cell tumor of the buccal area shows that small cells, hyperchromatic chromatin without distinct nucleoli and occasional mitosis. ( × 400).



**Fig. 6.** Operative finding. Excision was performed through lateral rhinotomy with lip-splitting incision.

### 고 찰

Merkel cell carcinoma(MCC) Neuroendocrine  
<sup>1)3)</sup> 1972 Toker<sup>2)</sup>  
 Merkel  
 MCC ,  
 가 .<sup>5)</sup> MCC 65  
<sup>6)7)</sup>  
 가 가  
 가  
 . MCC  
 , ,  
 Leukocyte  
 common antigen , Neuron specific enolase,  
 Cytokeratin antigen ,  
 Neuron specific enolase, Cytokeratin  
 antigen  
 가 S -  
 100 protein, HMB - 45 가  
 Cytokeratin antigen  
 Neuron specific enolase neurofilament

가 <sup>6)</sup> 2.5~3 cm  
 Ratner <sup>6)</sup> 가 2 cm ( ), 10  
 50%  
 , Shaw <sup>9)</sup> Merkel cell carcinoma  
 가  
 가  
 가  
 50~60 Gy가  
 가  
 cyclophosphamide, methotrexate, 5 - fluorouracil  
 60% 가  
 가 <sup>3)</sup>  
 가 <sup>6)</sup> 26~44%  
 1  
<sup>4)10-12)</sup> 20~40%

5 30~64% <sup>4)10-12)</sup>  
 가 <sup>8)</sup> Merkel cell carcinoma  
 가  
 13  
 중심 단어 : Merkel cell carcinoma

REFERENCES

- 1) Kim YH, Choi JY, Lee SY, Choi EC. A case of Merkel cell carcinoma with parotid lymph node metastasis. *Korean J Otolaryngol* 1999;42:258-61.
- 2) Toker C. Trabecular carcinoma of skin. *Arch Dermatol* 1972;105:107-10.
- 3) Fenig E, Brenner B, Katz A, Rakovsky E, Hana MB, Sulkes A. The role of radiation therapy and chemotherapy in the treatment of Merkel cell carcinoma. *Cancer* 1997; 80:881-5.
- 4) Yiengprusawan A, Coit DG, Thaler HT, Urmacher C. Lrapper WK. Merker cell carcinoma: Prognosis and management. *Arch Surg* 1991;126:1514-9.
- 5) Tang CK, Toker C. Trabecular carcinoma of skin: an ultra-structural study. *Cancer* 1978;42:2311-21.
- 6) Ratner D, Nelson BR, Brown MD, Johnson TM. Merkel cell carcinoma. *J Am Acad Dermatol* 1993;29:143-56.
- 7) Lunder EJ, Stern RS. Merkel-cell carcinomas in patients treated with methoxsalen and ultraviolet a radiation. *N Engl J Med* 1998;339:1247-8.
- 8) Akhtar S, Oza KK, Wright J. Merkel cell carcinoma: Report of 10 cases and review of the literature. *J Am Acad Dermatol* 2000;43:755-67.
- 9) Shaw JH, Rumball E. Merkel cell tumour: Clinical behaviour and treatment. *Br J Surg* 1991;78:138-42.
- 10) Pergolizzi J JR, Sardi A, Pelczar M, Conaway GL. Merkel cell carcinoma: An aggressive malignancy. *Am Surg* 1997; 63:450-4.
- 11) McAfee WJ, Morris CG, Mendenhall CM, Werning JW, Mendenhall NP, Mendenhall WM. Merkel cell carcinoma. *Cancer* 2005;104:1761-4.
- 12) Mendenhall WM, Mendenhall CM, Mendenhall NP. Merkel cell carcinoma. *Laryngoscope* 2004;114:906-10.