Merkel Cell Carcinoma Case # 2

DISCHARGE SUMMARY

Admitted: 10/11/2010
Discharged: 10/13/2010

Chief Compliant: A 79 year old lady status post tumor on the scalp excision and left neck likely dissection who wakes up from the operating room with left arm numbness.

History of Present Illness: This 79 year old lady went into surgery at about 16:10, and presumably her left hand had normal sensation. When she came out of the anesthesia and woke up, she noticed that her left arm was numb. When I saw her at around 6:00, her left arm was no longer numb; it was just her hand. She also described it as being stiff. Her right arm after motor vehicle accident has always been in pain and difficult to move. She says it is her left arm that has been having the problem.

Dr.XX the Ear, Nose and Throat surgeon, excised a 2cm x 2cm x 1cm left parietal scalp Merkel Cell Tumor. He grossly got negative margins. He dissected along the facial nerve and expects to have a left facial droop and left periorbital muscle weakness; however, he does not expect there should have been much involvement of the hypoglossal nerve although he did say that he did do some surgery there. Grossly, there was no invasion that he could not excise. Grossly, the lymph nodes in the neck did not look involved, and this matched the PET scan finding of only having uptake in the left scalp. Dr. XX was concerned about possible cardiac event given the patient's multiple medical problems.

The patient was seen by oncology, Dr. XX. The patient was felt to be not a good candidate for chemotherapy because of her multiple medical problems. However, she is planning to do XRT after the surgery.

Past Medical History/Past Surgical History. Sick sinus syndrome. Hypertension. Obesity. Chronic renal insufficiency. Urinary incontinence. Degenerative joint disease. Status post squamous cell carcinoma. Merkel Cell Cancer on the scalp.

RADIOLOGY REPORT

Date: 10/14/2010

CT Neck w contrast (digital)

Clinical h/o Merkel Cell CA of scalp with neck mets, s/p excision

Findings: Axial images of the neck were obtained following the IV administration of contrast. Nonvisualization of the left submandibular gland. Soft tissue filling of the left vallecula. Although this finding is presumably related to retained secretions, clinical correlation is requested. No evidence of enlarged cervical lymph nodes.

OPERATIVE REPORT

Date: 10/11/2010

Preoperative Diagnosis: Left scalp Merkel Cell Carcinoma.
Postoperative Diagnosis: Left scalp Merkel Cell Carcinoma.

Operation:
1. Wide local excision of left anterior temporoparietal Merkel Cell Carcinoma.
2. Left superficial parotidectomy.
3. Left selective neck dissection, levels 1, 2 and 3.
4. Closure of open scalp wound with cervicofacial advancement flap, scalp rotation flaps and full thickness skin graft

Clinical: This is a 79 year old with history of a left anterior scalp Merkel Cell Carcinoma. Metastatic workup was negative and included a CT scan, as well as a PET scan.

Findings: There was an approximately 2.5 x 2.5 centimeter exophytic left anterior temporoparietal scalp lesion. 2 cm margins were taken in a 360 degree fashion around the tumor and all margins were negative, including deep margin.

PATHOLOGY REPORT # 1

Date: 09/04/2010

Procedure: Left side of Scalp, Shave biopsy:

Final Pathology Diagnosis: Morphologic findings consistent with =Merkel Cell Carcinoma.

Comment: The lesion involves the deep margin of this shave biopsy.

PATHOLOGY REPORT # 2

Date: 10/11/2010

Procedure: Wide local excision, left scalp, parotidectomy, left superficial selective neck dissection, left.

Final Pathology Diagnosis:
A) Skin, left scalp, excision: Merkel cell carcinoma, 2 cm in maximum dimension. Lymphovascular space invasion is present. Peripheral margins of carcinoma are clear by 1.5 to 2 cm. Deep margin is clear by less than 1 mm; Squamous cell carcinoma in situ, focally involving the blue-dyed margin (slide 24). A small intradermal nevus, incidental.
B) Deep margin, biopsy and frozen section: fibroconnective tissue negative for malignancy
C) Posterior margin, excision and frozen section actinic keratosis, severe, focal negative for malignancy
D) Lateral margin, excision and frozen section negative for malignancy

E) Medial margin, excision and frozen section, actinic keratosis, negative for malignancy
F) Anterior margin, excision and frozen section, squamous cell carcinoma in situ
G) Superficial parotid, left, excision, no pathologic diagnosis
H) Lymph node level1, 2 AND 3, biopsy: one of nine (1/9) lymph nodes with metastatic Merkel Cell Carcinoma. The lymph node metastases measures 0.5 cm. No extranodal extension.

Note: immunostains with appropriate controls were performed on block A16. The euplastic cells show strong dot-like pattern of staining for CK20, positive staining for synaptophysin and chromogranin and weak staining for CK7. The morphologic features and the immunostains pattern are consistent with Merkel cell carcinoma.

RADIOLOGY ONCOLOGY CONSULTATION REPORT

Date: 11/06/2010

Diagnosis: Merkel cell carcinoma of the left scalp with left neck metastasis.

Interval History: Since the initial consultation with me on October, 2010, the patient underwent definitive wide local excision for her left anterior temporoparietal Merkel Cell Carcinoma with left superficial parotidectomy, level I to III left selective neck dissection, closure of open scalp wound with cervicofacial advancement flap, scalp rotation flap and full-thickness skin graft, as well as sternocleidomastoid rotational flap for parotid defect on October 11, 2010. Pathology revealed 2 cm Merkel cell carcinoma of the left scalp with lymphovascular invasion. The radial margins were clear by 1.5 to 2 cm. The deep margin was clear, but appeared to be less than 1 mm. Additional margins from the deep margin may have taken, and I will clarify this with Dr. verbally later. Squamous cell carcinoma in situ with focal involvement of the initial margin was also noted. However, final margins appeared to be clear. One of nine lymph nodes was positive for metastatic carcinoma. The dissected superficial parotid was not involved. Since the surgery, the patient has been recuperating reasonably well. However, for the last week or so she has noted increasing blackish discoloration of her scalp wound and is concerned about that. She is scheduled to see Dr. XX next week after he returns from an out-of-town trip. Since the surgery, the patient has noticed more xerostomia and partial loss of her taste sensation. She also reports some intermittent incisional pain, occasional sore mouth/sore jaw and sore throat. She also reports some left-sided neck stiffness.

Physican Examination: A well-developed, well-nourished, elderly somewhat obese female sitting in chair in no acute distress with KPS about 70 to 80 today. HEENT examination revealed the left anterior temporoparietal wound with the flap being somewhat blackish in color, suspicious for partial necrosis of the flap and skin graft. The triangular wound measured about 6 x 4 cm in size. The majority of the wound appeared to be somewhat blackish in color with normal granulation tissue noted in between. The left superficial parotid wound was fairly well healed. The scar was associated with mild induration, but there was no definite suspicious mass palpated. There was no preauricular or facial adenopathy noted. Oral cavity examination revealed the patient to be dry with clear mucosa. Dentition was in slightly poor to fair condition. Neck examination revealed the right neck to be soft and nontender without any cervical or supraclavicular lymphadenopathy noted. Left neck examination revealed a healing incision in the left upper and mid lateral neck. The healing incision was associated with moderate

induration and minimal crusting, but there was no definite suspicious adenopathy palpated. Heart had regular rate and rhythm. Lungs were clear.

Impression 79-year- year-old female with multiple comorbid medical conditions and Merkel cell carcinoma of the left scalp, status post definitive resection and selective left neck dissection with one of nine lymph nodes positive for metastatic disease. The rationale for adjuvant radiation therapy to the left skull, the tumor bed and the left neck to reduce the risk of local recurrence was explained and discussed with the patient. The risks, benefits, complications and side effects of radiation therapy, including but not limited to acute skin dermatitis, fatigue, potential further wound breakdown, partial loss of taste sensation, permanent partial xerostomia, partial mucositis, scarring and potential damage to the treated and adjacent structures including the dentition, the bones and the neurovasculature, as well as the small risk of secondary cancer have been re-explained and discussed with the patient. The extent of her treatment was much larger than the original discussion given her positive lymph node status pathologically. The patient also understands that Merkel cell has a tendency for not only local recurrence, but also regional and distant metastasis. The patient appeared to understand fully and expressed the desire to proceed with adjuvant radiation therapy to reduce the risk for local recurrence only. She understands that there will be no impact for potential regional or distant recurrence.

CSv2 ANSWER WORKSHEET

FIELD#	FIELD NAME	CODE AND RATIONALE/DOCUMENTATION	
1	**Patient Name -**		
CANCER IDENTIFICATION			
2	Primary Site		
3	Histology		
4	Behavior		
5	Grade		
6	Grade system type		
7	Grade system value		
8	Lymph-vascular invasion		
STAGE OF DISEASE AT DIAGNOSIS			
9	CS Mets at Dx - Bone		
10	CS Mets at Dx - Lung		
11	CS Mets at Dx - Liver		
12	CS Mets at DX - Brain		
COLLABORATIVE STAGING			
13	CS Tumor Size		
14	CS Extension		
15	CS Tumor Size/Ext Eval		
16	CS Lymph Nodes		
17	CS Lymph Nodes Eval		
18	Regional Nodes Positive		
19	Regional Nodes Examined		
20	CS Mets at Dx		
21	CS Mets Eval		
22	CS Site-Specific Factor 1		
23	CS Site-Specific Factor 2		
24	CS Site-Specific Factor 3		
25	CS Site-Specific Factor 4		
26	CS Site-Specific Factor 5		
27	CS Site-Specific Factor 6		
28	CS Site-Specific Factor 7		
29	CS Site-Specific Factor 8		
30	CS Site-Specific Factor 9		
31	CS Site-Specific Factor 10		
32	CS Site-Specific Factor 11		
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45	CS Site-Specific Factor 24		
46	CS Site-Specific Factor 25		