Merkel cell carcinoma (MCC) is a rare and aggressive cutaneous neuroendocrine carcinoma. The incidence rate is approximately 0.3–0.6/100 000 per year [1, 2]. At initial presentation most patients with MCC (70%–80%) have localized disease, and only a few (1%–4%) have distant metastases [3]. Moreover, MCC rarely metastasizes to the pancreas, therefore this represents a challenge for the differential diagnosis of pancreatic masses [4].

A 73-year-old man reported epigastric pain and vomiting. The patient’s history included a diagnosis of an MCC, which had been removed from his left elbow 7 months before the onset of his upper gastrointestinal symptoms. His laboratory findings were unremarkable. An abdominal computed tomography (CT) scan showed a lesion infiltrating the common bile duct (CBD) and dilatation upstream of the lesion. This lesion, with irregular margins, appeared to be infiltrating the portal confluence.

Endoscopic ultrasound-guided fine needle biopsy of pancreatic metastasis from Merkel cell carcinoma

Endoscopic ultrasound-guided fine needle biopsy of pancreatic metastasis from Merkel cell carcinoma

Endoscopy 2016; 48: E199–E200

Maimone Antonella et al. EUS-FNB of pancreatic Merkel cell carcinoma... Endoscopy 2016; 48: E199–E200

This document was downloaded for personal use only. Unauthorized distribution is strictly prohibited.
In this specific case, the EUS features of the pancreatic metastasis from MMC mimicked a classic adenocarcinoma. Moreover, this neoplasm showed few specific cyto-logic features as the same small blue, round-to-oval cells can also be seen in lymphoma or small cell carcinoma [5]. Given that CK20 is a pathognomonic marker of MCC [4,5], obtaining an adequate tissue sample for immunohistochemical evaluation with the use of an EUS-guided histology needle was key for making the differential diagnosis. To the best of our knowledge, there are no other reports in the international literature of a pancreatic metastasis from MCC being diagnosed by EUS-FNB.

Competing interests: None