

A Rare Cause of Upper Gastrointestinal Bleeding

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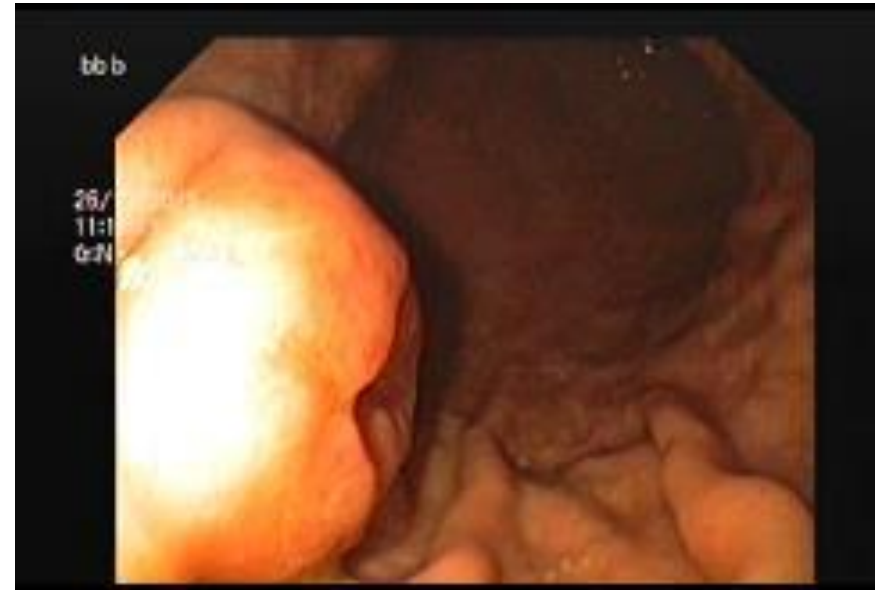
Case Presentation

- 63-year old male
- 11/2015 - Referred to the ER with sudden onset of:
 - Hematemesis
 - Epigastric pain

Physical Examination

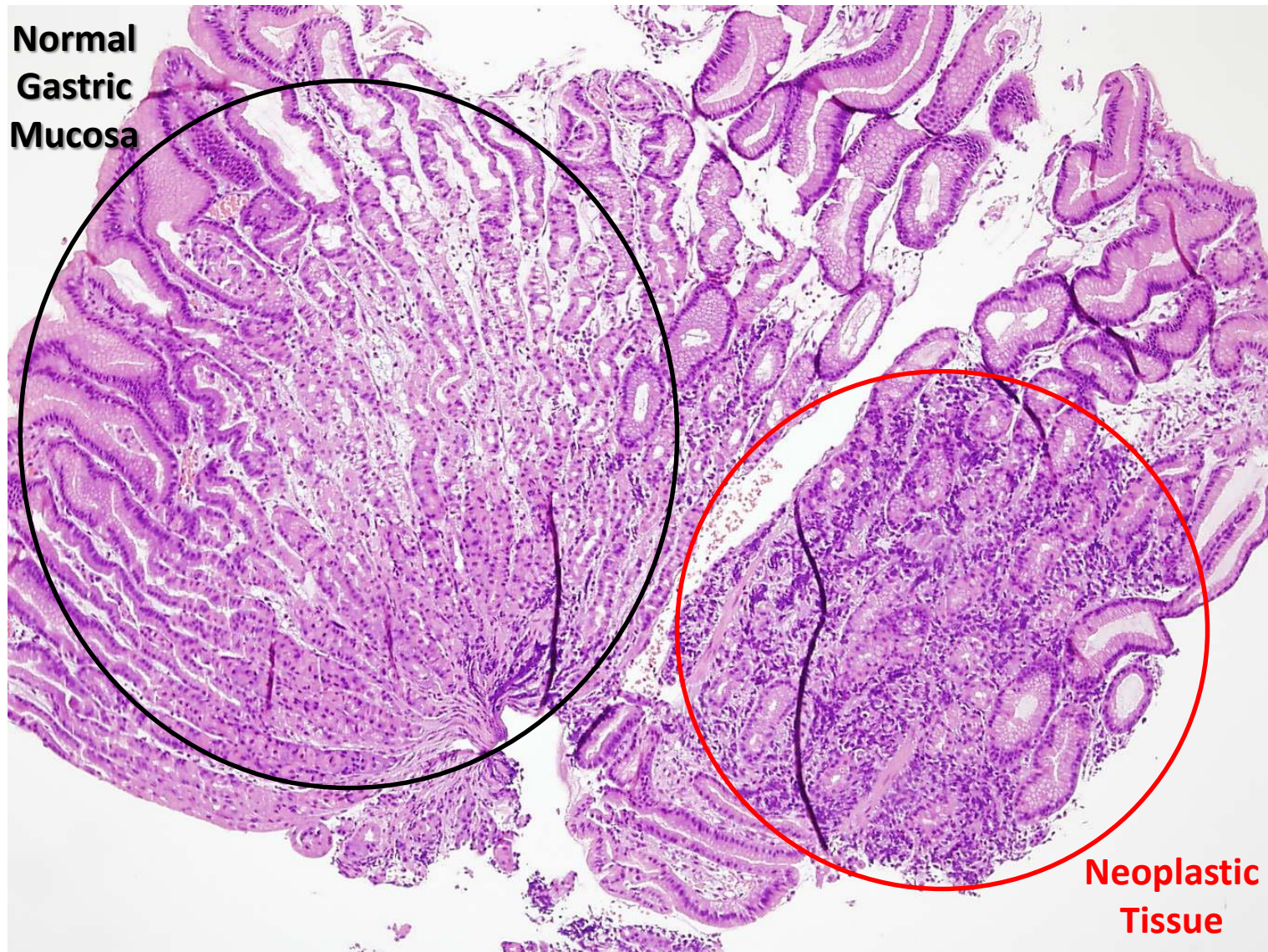
- BP- 100/66, HR- 118/minute
- PR- no melena or bright red blood
- Abdominal exam unremarkable
- NG Tube - coffee ground
- Lab: Hb 7.8 g\ dL, Plt 252 , INR 1.1
→ PC, PPI, Hexakapron

Upper Endoscopy

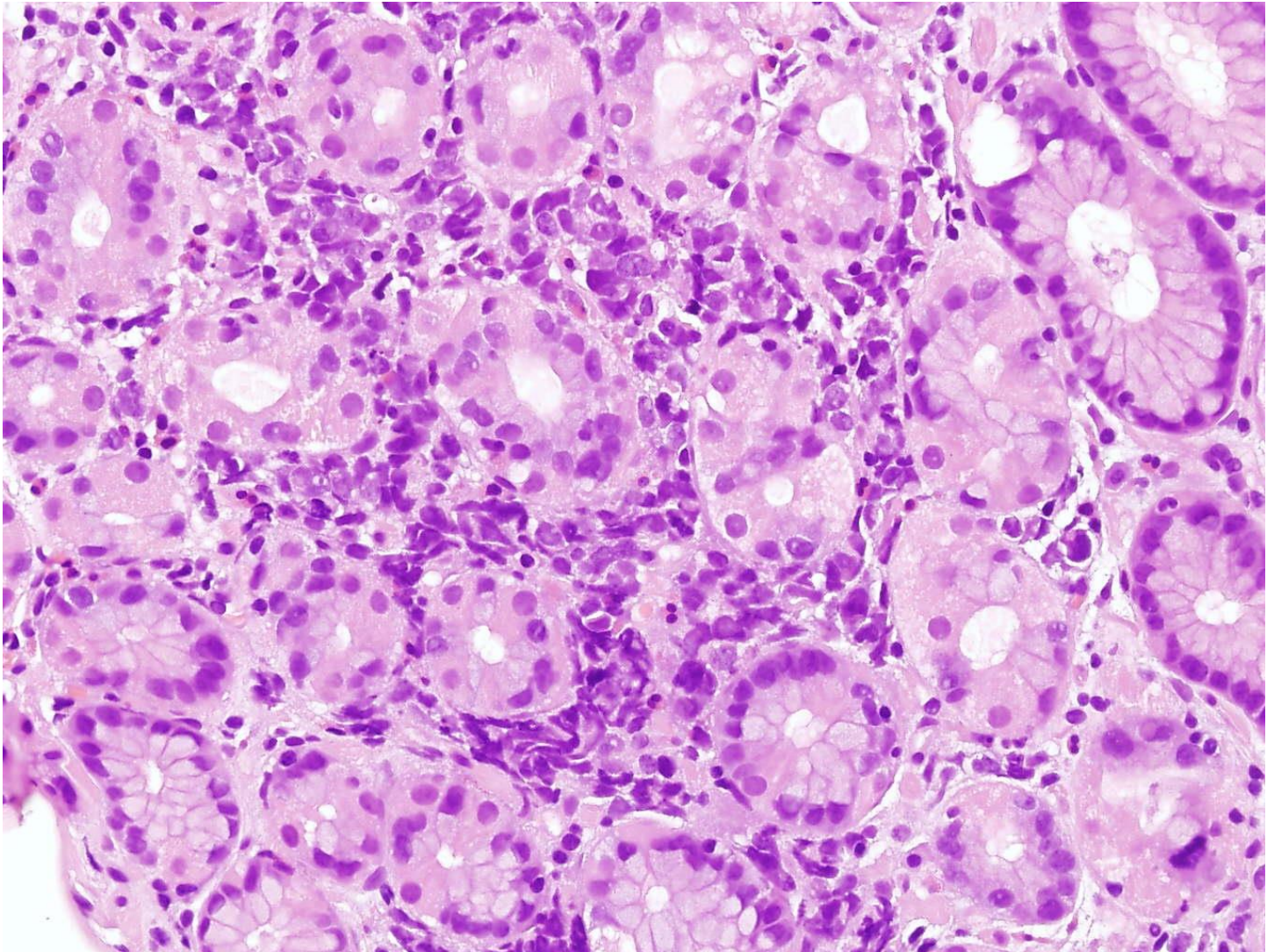




Histopathology

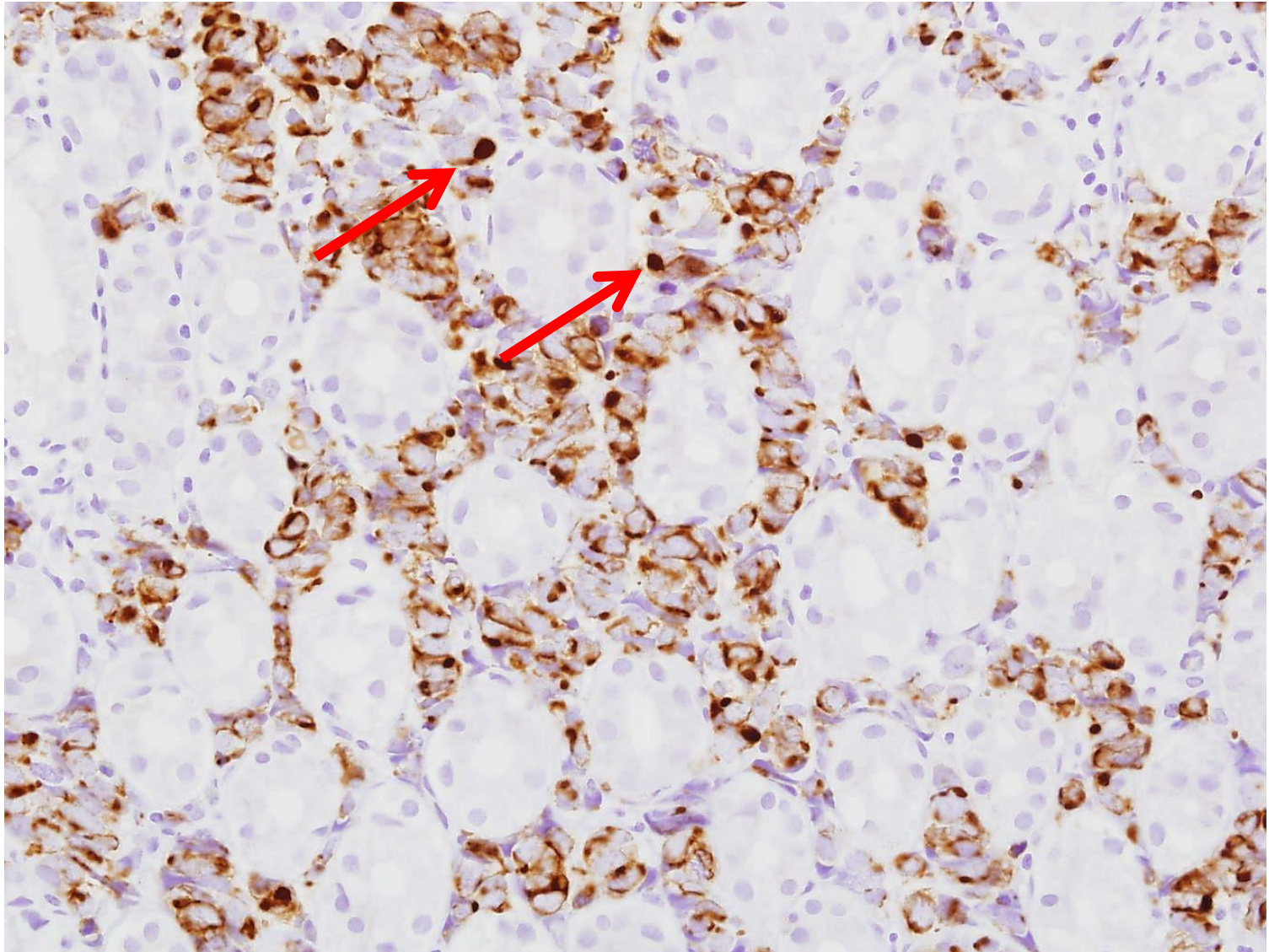


Histopathology



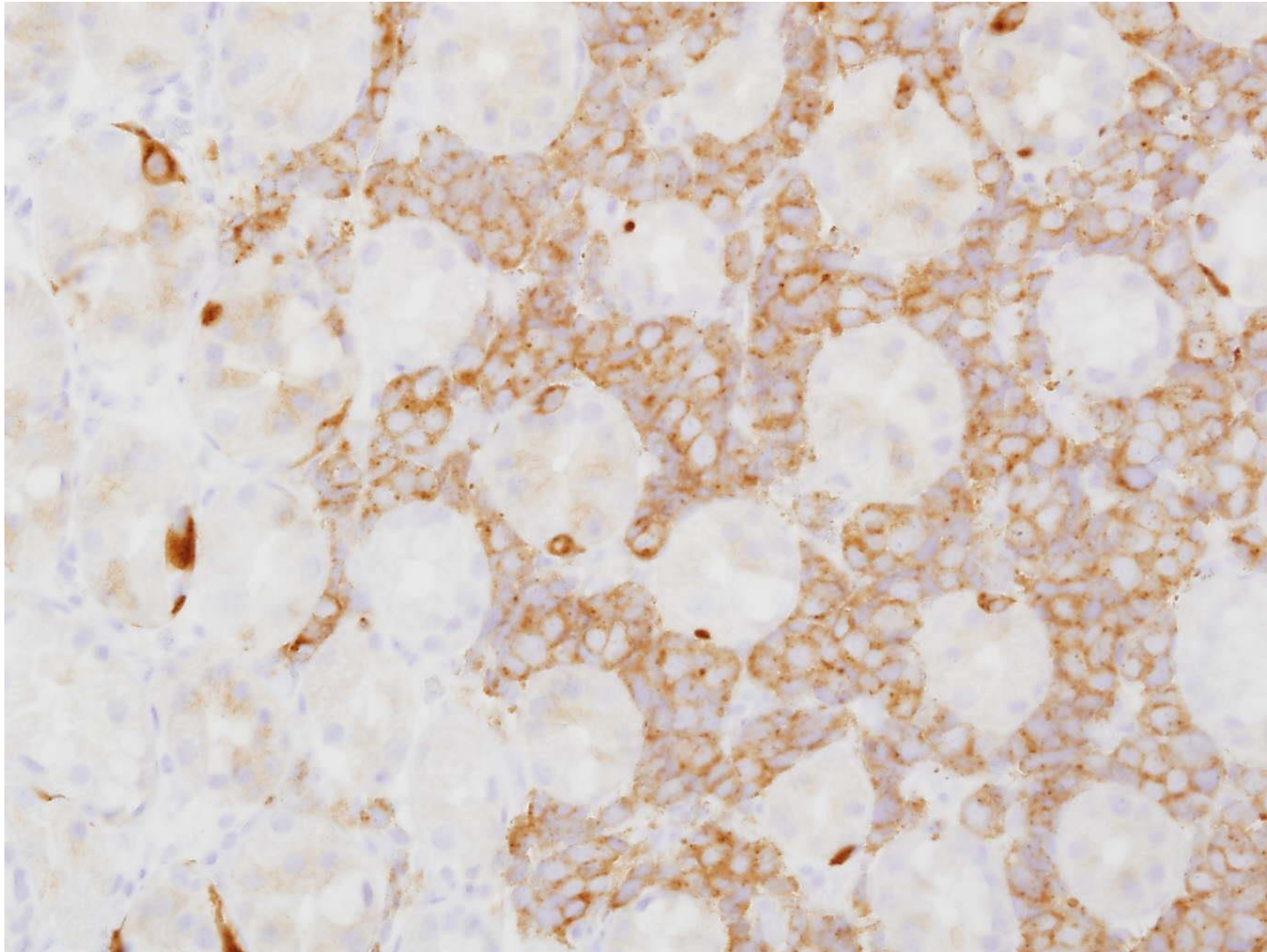
Homogenous and uniform round neoplastic cells around the gastric glands (H&E x40)

Immunohistochemistry



CK-20 positive tumor cells showing a characteristic perinuclear dot-like staining pattern

Immunohistochemistry



Tumor cells staining positive for synaptophysin



Back to Medical History

- GERD
- HTN
- Cholecystectomy (1994)
- 2014 - presented with small cutaneous pink mass- chest + Lt. axillary lymphadenopathy
 - ➔ local excision of skin lesion and axillary node
 - pathology - **Merkel cell carcinoma**

Merkel Cell Carcinoma (MCC)



Merkel Cell Carcinoma (MCC)

- An uncommon and highly aggressive skin cancer
- Incidence 0.2 /100,000
- More common in older men (mean age 69)
- Arises from Merkel cells at the dermo-epidermal junction, which are of neuroendocrine origin

Risk factors:

- Excessive sun exposure
- Immunosuppression
- TNF α inhibitors-3 case reports; coincidence?
- Merkel cell polyomavirus

Merkel Cell Carcinoma (MCC)

- Painless, firm, raised lesion involving sun-exposed areas with a red to bluish discoloration
- **>50% metastasis**- lymph nodes (60%), skin (30%), lung (23%), CNS (18%), bone (15%) and liver (13%)
- **Poor survival**

DD:

- Small cell lung cancer
- Small B-cell lymphoma
- Anaplastic small cell melanoma
- Ewing's sarcoma
- Neuroblastoma

Merkel Cell Carcinoma (MCC)

- IHC aids to distinguish MCC from other tumors
- Expresses neuroendocrine (synaptophysin, chromogranin) + epithelial markers (CK20).
- Negative for S100, TTF1 and LCA
- Treatment- wide surgical excision of primary tumor + conjunction with adjuvant chemoradiation

MCC and GI Tract

Few cases GI tract metastases have been reported

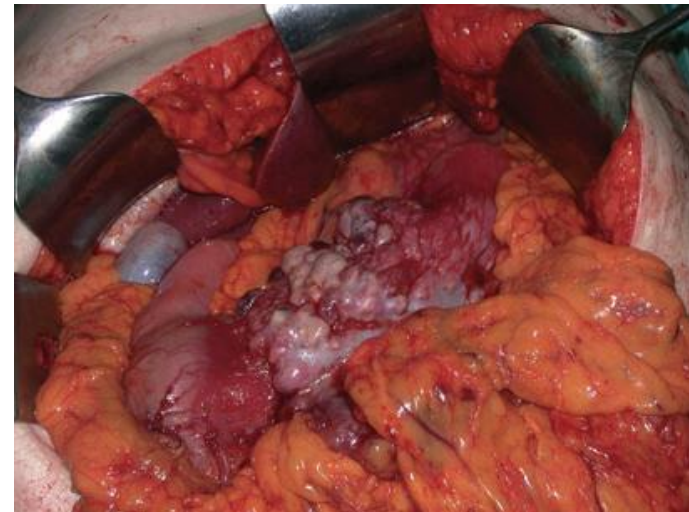
Author(s)	Site of Metastasis
Li M and Liu C [11]	Stomach
Cubiella J, <i>et al.</i> [12]	Stomach
Idowu M, <i>et al.</i> [13]	Stomach
Wolov K, <i>et al.</i> [14]	Stomach
Krasagakis K, <i>et al.</i> [6]	Stomach, small bowel
Canales L, <i>et al.</i> [7]	Stomach, small bowel
Shalhub S, <i>et al.</i> [5]	Stomach, descending colon
Hizawa K, <i>et al.</i> [8]	Stomach, distal duodenum, pancreas
Olivero G, <i>et al.</i> [15]	Intestinal
Naunton M and Henderson RG [9]	Jejunum
Foster R, <i>et al.</i> [10]	Small bowel
Huang W S, <i>et al.</i> [16]	Rectum
Paterson C, <i>et al.</i> [17]	Anal canal
Adsay NV, <i>et al.</i> [18]	Pancreas
Bachmann J, <i>et al.</i> [19]	Pancreas
Dim DC, <i>et al.</i> [20]	Pancreas
Ouellett JR, <i>et al.</i> [21]	Pancreas

MCC and GI Tract

- 11 cases of gastric metastases in literature
- 80% of patients present with UGIB
- Epigastric pain, early satiety, weight loss
- 70% died within 4 months.
- 1 case of primary gastric MCC
- Patients may benefit from an aggressive strategy involving radical surgery and chemotherapy

Back to the Patient

- Recurrent massive hematemesis
- Underwent angiography with embolization of LGA
 - ongoing GI bleeding
- Emergent surgical exploration- extensive abdominal metastatic disease
 - total gastrectomy, splenectomy, distal pancreatectomy, adrenalectomy & partial colectomy were performed
 - complicated postoperative course deteriorated and died



Summary

- MCC is a rare, relentless and aggressive tumor.
- May mimic other small round cell tumors.
- Morphology + IHC establish correct diagnosis.
- Although extremely rare, GI involvement should be considered when evaluating GI symptoms in a patient with P/H of MCC.
- GI metastasis carries dismal prognosis.

Thank You