

Merkel Cell Carcinoma (MCC)

What is Merkel Cell Carcinoma?

Merkel cell carcinoma (MCC) is a **rare but aggressive** type of skin cancer. It often appears as a **fast-growing, firm, painless bump** on sun-exposed skin (commonly the face, scalp, neck, and arms), but it can occur anywhere.

Because MCC can grow and spread more quickly than many other skin cancers, **prompt diagnosis and treatment are very important.**



What does MCC look like?

MCC often starts as:

- A **firm, shiny** bump or nodule
- **Pink, red, or purple** in color
- Usually **painless**
- **Grows quickly** over weeks to months
- Sometimes the surface can **break open and bleed**

If you have a new spot that is **rapidly enlarging** or looks “different,” it should be evaluated.

Who is at higher risk?

Risk can be higher in people who have:

- Significant **sun/UV exposure**
 - **Older age**
 - A **weakened immune system**
 - Evidence of **Merkel cell polyomavirus** involvement (seen in many cases)
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How is MCC diagnosed?

Diagnosis typically involves:

1. **Full skin exam** and evaluation of the lesion
2. **Skin biopsy** (the definitive test)
3. Pathology review—often with special testing—by an experienced **dermatopathologist**

Because MCC is rare, specialty pathology experience is important.

Treatment overview

Treatment depends on the size/location of the tumor and whether it has spread.

Common treatments may include:

Surgery (Wide Local Excision)

The tumor is removed along with a margin of normal-appearing skin.

Sentinel Lymph Node Biopsy (SLNB)

Often performed at the time of surgery to check whether cancer cells have spread to nearby lymph nodes.

Radiation Therapy

May be recommended after surgery to reduce the chance of recurrence, depending on risk factors.

Advanced disease treatments

For metastatic or advanced MCC, **immunotherapy** is a common treatment approach.

Pre-Op Instructions (Before MCC Treatment)

These are general instructions for **biopsy, wide local excision, and/or sentinel lymph node biopsy**. Your care team will give you procedure-specific guidance.

Before your procedure

- Tell us if you take **blood thinners** (including aspirin, warfarin, clopidogrel, apixaban, rivaroxaban) or have a bleeding disorder. **Do not stop any prescribed blood thinner** unless your prescribing clinician instructs you.
- Tell us about:
 - Medication/adhesive/antiseptic allergies
 - History of keloids or poor wound healing
 - Prior anesthesia reactions (if SLNB is planned)
- If you're scheduled for a procedure with anesthesia/sedation, follow fasting instructions exactly.

Day of procedure

- Wear **comfortable clothing** that allows easy access to the site
 - Avoid lotion/makeup over the surgical area
 - Bring a list of medications and supplements
 - Plan for a driver if sedation is used
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Post-Op Instructions (After MCC Treatment)

Your team will provide specific instructions. Typical guidance includes:

Wound care

- Keep bandage on and dry for the first **24 hours** (unless instructed otherwise).
- Then daily:
 1. Gently wash with mild soap and water
 2. Pat dry
 3. Apply a thin layer of ointment if instructed
 4. Cover with a clean bandage
- Avoid soaking (baths/hot tubs/pools) until cleared—especially if you have stitches.

Activity

- Avoid strenuous activity/heavy lifting as directed—especially if the wound is on the back, shoulders, arms, legs, or near a joint.
- If lymph node biopsy was performed, follow special activity instructions for that area.

Bleeding

If bleeding occurs:

Apply firm pressure for **15 minutes** without checking

1. Repeat once if needed
2. If bleeding continues after 30 minutes, contact the office

Call urgently if you notice

- Increasing redness, warmth, swelling, pus, or fever
 - Worsening pain after the first day
 - Bleeding that won't stop with pressure
 - Red streaking from the wound
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Follow-up after MCC

MCC requires **close follow-up** because recurrence can occur. Your dermatologist and care team will recommend:

- Regular skin exams
 - Lymph node checks
 - Imaging or specialist follow-up when appropriate
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Merkel Cell Carcinoma FAQ

Is MCC the same as melanoma?

No. MCC and melanoma are different skin cancers. MCC is rarer and tends to grow and spread more quickly, which is why timely evaluation and treatment are important.

Does MCC hurt?

Often **no**—many MCC lesions are painless, which is one reason they can be missed early.

How do you confirm MCC?

A **skin biopsy** is required. The diagnosis is confirmed by a dermatopathologist examining the tissue under a microscope, often using specialized testing.

Why might lymph nodes be checked?

MCC can spread to nearby lymph nodes. A **sentinel lymph node biopsy** may be done at the time of surgery to help stage the cancer and guide treatment.

What is the most common treatment?

Treatment often involves **wide local excision** and may include **sentinel lymph node biopsy** and **radiation therapy**, depending on the case.

What should I watch for after treatment?

Notify your care team if you notice:

- A new rapidly growing bump
- New lumps in the neck, armpit, or groin
- New or changing skin lesions
- Unexplained swelling near the treated area

Can MCC come back?

Yes. Because MCC can recur, your dermatologist will recommend a structured follow-up plan.

Call to action

If you notice a **new, fast-growing pink/red/purple bump**—especially on sun-exposed skin—don't wait.

 **Schedule an evaluation**