Response to letter to the Editor

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Received: 05-09-18
Accepted: 06-09-18

Bogotá, September 5, 2018

Dear Editor:

We greatly appreciate the interest of Doctors Baracaldo and Melo in our article, "A review of metastatic cancer with unknown primary cancer" that was published in this magazine. (1)

We agree with their notes complementing Table 5 which lists probable primary tumors according to whether tests are positive or negative for CK7 and CK20. However, it is necessary to make the following clarification.

1. In cases of CK7 +/CK20- marking, the possibility of gynecological primaries must be taken into account. (2)
2. In cases of CK7-/CK20 +, the possibility of Merkel cell carcinoma should be taken into account. Although it is a rare disease, it can account for 10% to 20% of cases of cancers with unknown primaries. (3)
3. In cases of CK7-/CK20-, renal cancer, hepatocellular carcinoma, squamous cell carcinoma, neuroendocrine carcinomas and germ cell tumors should be considered as options. (2)
4. In cases of CK7 +/CK20 +, the possibility of stomach cancer should be taken into account even though it is not usually an unknown primary. (4) It goes without saying that, in Colombia, dyspepsia in a patient over 35 years of age requires endoscopy of the upper digestive tract.

Although cancer of the small intestine, (5) bladder, (6) appendix, (7) thyroid glands, (8) mesothelioma, (9) salivary glands, esophagus, and mucinous carcinoma of the lung may have CK7 and CK20 profiles that could be included in Table 5, they are a rare causes of metastatic cancer with unknown primary (in which the primary lesion is not identified despite standardized diagnostic approach) which was the subject of our review. (10)

In addition, according to the findings in each case, immunohistochemical markers not included in this review such as calretinin, EMA, keratin 34 Beta E12, E-cadherin, CD117, inhibin, caldesmon, calponin, osteocalcin, and CD99 may be requested. The purpose of our review was to describe the general aspects of immunohistochemistry in the treatment of metastatic tumors with unknown primary cancer. Deepening our

understanding of immunohistochemistry is an absolutely extensive topic about which there are treatises. (11, 12)

Again, we appreciate the pertinent comments of Dr. Baracaldo and Dr. Melo. We would also like to highlight that the approach to, and management of, tumors with unknown primaries is complex and involves the participation of several specialists. Of these, a pathologist is fundamental. We are pleased with the interest of these young pathologists in this scenario because they have emphasized that a good pathologist is fundamental and decisive in these cases. For our environment it would be desirable and relevant to have all of the various immunomarkers available in our referral laboratories.

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