

Plasma Cell Neoplasms are a Group of Entities Characterized by the Neoplastic Proliferation of a Single Clone of Plasma Cells, Typically producing a Monoclonal immunoglobulin

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1. Clinical Image

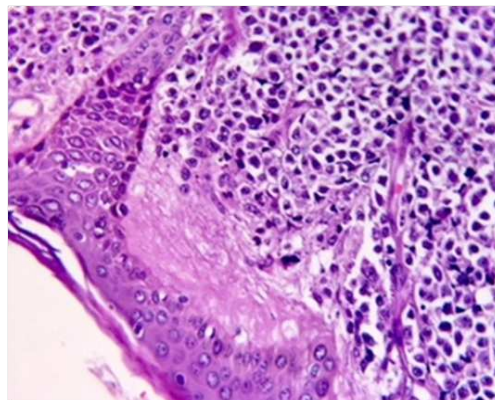
Plasma cell neoplasms are a group of entities characterized by the neoplastic proliferation of a single clone of plasma cells, typically producing a monoclonal immunoglobulin. Plasma cell neoplasms can present as a single lesion (solitary plasmacytoma) or as multiple lesions (multiple myeloma). Solitary plasmacytoma most frequently occur in bone (plasmacytoma of bone), but can also be found outside bone in soft tissues (extramedullary plasmacytoma)

Extramedullary plasmacytoma can occur anywhere in the body. It occurs in 90% of head and neck region. Skin involvement is very rare (incidence: %1.14*) in patients with multiple myeloma. We will discuss the case of plasmacytoma of the skin, which is quite rare in the literature.

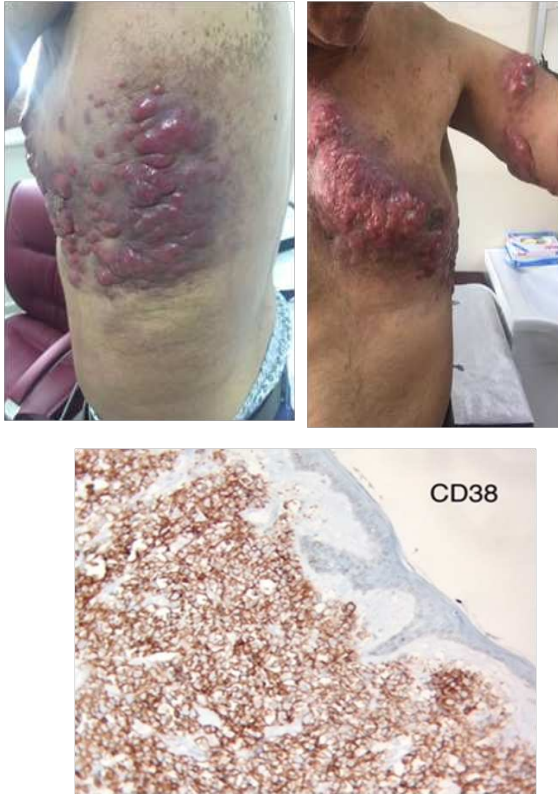
2. Case

A 57-year-old male patient with diabetes mellitus. The patient had red, painful, palpable lesions on his left shoulder. The laboratory results revealed; anemia (Hgb: 7.9), hypercalcemia (Ca: 9.8), albumin/globulin inversion (T pro / Alb: 11.3 / 2.3), high erythrocyte sedimentation rate (92 mm / h) and plasma IgA elevation (IgA: 4219).

PET- CT Scan showed lesions around parasternal, subclavian areas and approximately 20 cm mass around the left shoulder (suvmax 26), invading the bone tissue and surrounding tissues. Findings in the thorax and left shoulder are compatible with the primary tumor and other lesions can be interpreted as metastasis of primary malignancy. The patient was treated with radiotherapy and chemotherapy. 10 sessions radiotherapy (10 F / 30 GY RT to the left shoulder, and; CyBOR-D chemotherapy protocol was started immediately. After taking 2 courses of chemotherapy he admitted to our hospital.



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After the fourth course of chemotherapy ; active bullous, red lesions developed in the left side of the patient's body and on the skin of the left arm. Cutaneous excisional biopsy were performed. Pathology result was ;diffuse plasma cell infiltration marked pleomorphism and rare intranuclear Ducher bodies were detected in dermis and subcutaneous fat tissues in skin biopsies. CD3, CD20 and CD56 were negative. CD38, CD138, and partially Bcl-1 was positive. KI- 67 proliferation index was 80-90%.

After skin biopsy results ;the patient was hospitalized to receive multicomination chemotherapy protocol .after the treatment, the mass was dramatically strained but during

a neutropenic fever attack, intensive care unit hospitalization was indicated for the patient with septic shock. The patient died in intensive care unit.