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Case Report

Plasmocytoma presented as pancreatic head mass

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ABSTRACT

Multiple myeloma is a malignant tumour characterized by proliferation of a single clone of plasma cells, this cell line will produce large amount of ineffective immunoglobulins that are ineffective at fighting infection resulting in immunosuppression.

These are medullary tumours most of the time; however, in rare cases they may arise extra medullary.

The incidence of extramedullary plasmocytoma is about 5% and they arise in the chest most of the time; but they can also arise in other body systems like gastrointestinal system, which is involved in 10% of the time. We present a very rare case of primary plasmocytoma involving the pancreas. According to our research, there are only 25 cases of primary pancreatic plasmocytoma reported in english literature.

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Extramedullary plasmocytoma is a rare entity. It is usually diagnosed in patients with widespread multiple myeloma. Its primary form is extremely rare, and the upper respiratory tract is the most commonly involved site, with only 10% involving the gastrointestinal tract. Pancreatic involvement with plasmocytoma is extremely rare; there are only 25 cases reported in English literature until 2012 [1].

1. Case report

A 66-year-old male patient presented with epigastric pain, vomiting, and weight loss over a period of several months. Initial ultrasonographic examination of the upper abdomen

revealed diffuse intrahepatic and extrahepatic bile duct dilatation with no intraductal stone (see Fig. 1). The pancreas was enlarged, with heterogeneous texture and no pancreatic duct dilatation. A large hypoechoic mass was identified in the region of pancreatic head (see Fig. 2) with the vessel piercing the lesion. The gall bladder wall was thick and edematous (see Fig. 3).

Subsequent computed tomography (CT) confirmed the pancreatic head mass had extended into porta hepatis causing dilatation of biliary ducts with gall bladder neck invasion (see Figs. 4 and 5).

CT images also demonstrated encasement of the celiac axis and superior mesenteric arteries without occlusion. Diffuse lytic bony lesions were also present (see Fig. 6).

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Fig. 1 – Transverse ultrasound image shows dilated common bile duct with thickened walls (arrow). CBD = common bile duct.

The differential diagnosis at this point would possibly include

1. lymphoma, given the homogeneous nature of the mass and encasement of the mesenteric blood vessels;
2. pancreatic adenocarcinoma;
3. or, less likely, cholangiocarcinoma.

The patient had a CT-guided biopsy of the pancreatic mass, which confirmed to be a plasmocytoma (see Fig. 7).

The patient received chemotherapy followed by autologous bone marrow transplant. Follow-up imaging confirmed initial good response to treatment, but unfortunately, the most recent positron emission tomography scan demonstrated persistent metabolic activity in a lymph node



Fig. 2 – Transverse ultrasound image through the head and uncinate process of the pancreas shows large hypoechoic mass (arrow). TRV PANC AREA = transverse pancreatic area.

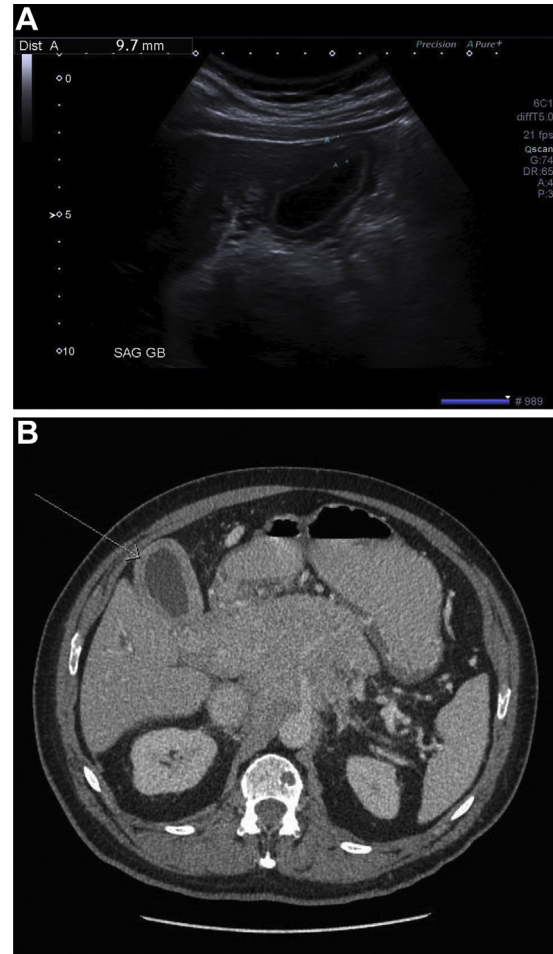


Fig. 3 – Transverse ultrasound (A) and enhanced axial CT (B) images through the gall bladder show thickened walls (arrow). SAG GB = sagittal gallbladder.

anterior to the pancreas and in the wall of gall bladder (see Figs. 8-10).

2. Discussion

Multiple myeloma is malignant proliferation of single clone of plasma cell-producing monoclonal antibodies. Plasmocytoma is a discrete mass of plasma cells, most often in the bones or occasionally in an extramedullary location [2]. The latter is rare [3], with median age of presentation at 55 years and a slight male predominance. Plasmocytoma can be primary or secondary, with the secondary form more common [2]. Only 5% of plasmocytomas involve extraosseous tissue, and they are typically diagnosed after the diagnosis of multiple myeloma had been established. Most of these involve the upper respiratory tract; only 10% involves gastrointestinal tract, mainly the stomach, the liver, and the spleen. There are only 25 cases of pancreatic

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