

Cutaneous Plasmacytoma: An Uncommon Entity

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Clinical Image

Extramedullary plasmacytoma is a manifestation of multiple myeloma in which a discrete mass of neoplastic monoclonal plasma cells forms within soft tissue [1]. Cutaneous plasmacytoma remains an uncommon entity. We present a case of a 61-year-old female with a seven-year history of multiple myeloma diagnosed in the setting of a pathological fracture secondary to multiple lytic lesions. Patient initially went into remission after receiving Bortezomib-based chemotherapy followed by autologous stem cell transplant. Following transplant, she was noted to be in CR2 with no evidence of light chain disease for 3 years. She then developed an enlarging anterior abdominal wall mass which was consistent with plasmacytoma [2]. Core biopsy of the lesion showed CD138 positive and kappa-restricted plasma cells with a high proliferation index, thereby establishing disease relapse. The lesions continued to progress in size and number and she was hospitalized for concerns of superimposed infection. Vitals on admission were within normal limits. On exam, multiple foul-smelling, fungating tumors occupying a diameter of 5 centimeters or more were noted on the infraumbilical region of the abdominal wall (Figures 1 and 2).



Figure 1: Multiple foul-smelling, fungating tumors.

There was scant purulence but no surrounding erythema. Laboratory results on admission were only significant for low hemoglobin, also at baseline. White cell count and infectious markers were unremarkable [3]. Computerized tomography imaging showed extensive burden of subcutaneous tumor without evidence of soft tissue fluid collection or gas (Figure 3). Dermal lesions were not thought to be infected, so antimicrobial therapy was not instituted. No surgical intervention was deemed necessary and wound care was recommended. To conclude, it is important to emphasize that multiple myeloma can relapse with extramedullary subcutaneous

plasmacytoma. While it is important to rule out superimposed infection or associated abscess, they often do not require antimicrobials or debridement. Radiotherapy can be an important treatment modality in such instances.



Figure 2: Fungating tumors on the infraumbilical region of the abdominal wall.

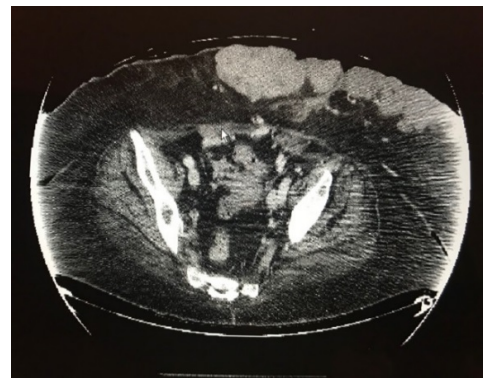


Figure 3: Computerized tomography imaging showed extensive burden of subcutaneous tumor.

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