Extramedullary Plasmacytoma of the Small Intestine and Mesentery: A Rare Case Report

Shockley M[1], Lincango E[1], Patel T[2], McIntosh M[2], San Miguel F[3]

1 – UCF/HCA GME Consortium of Greater Orlando, Kissimmee, FL
2 – University of Central Florida College of Medicine, Orlando, FL
3 – Veteran's Affairs (VA) Orlando Health Care, Orlando, FL

Background

Extramedullary plasmacytoma (EMP) is a rare plasma cell disorder that can occasionally involve the gastrointestinal tract. Diagnosis is challenging as patient presentation is variable, including pain, obstruction, or bleeding. Imaging cannot differentiate between other neoplasia. Diagnosis is achieved with histopathological analysis of the mass. Treatment and prognosis's depending on whether the mass is a primary EMP or secondary in the setting of multiple myeloma.

Case Presentation

We report a case of a 71-year-old man presenting with iron deficiency anemia, melena, and recent unintentional weight loss. The patient underwent upper and lower endoscopy, which were unrevealing. A computed tomography (CT) of the abdomen and pelvis revealed a heterogeneously enhancing, irregularly contoured pelvic mass encasing loops of small bowel. PET scan revealed isolated uptake of the mass without signs of metastasis.



Image 1: CT Images. Arrow identifies large pelvic mass in small bowel mesentery and encasing small bowel loops.

The patient underwent exploratory laparotomy due to size of mass, excisional biopsy with adjacent small bowel obstruction, and side-to-side anastomosis. Pathology revealed diffuse atypical plasma cells with eccentric nucleus and abundant eosinophilic cytoplasm. Immunohistochemistry was positive for CD138, MUM1, CD10, CYCLIND1, and CD56 as well as negative for CD20. All lymph nodes were negative. Serum testing for myeloma was negative. The patient had an uncomplicated postoperative course.

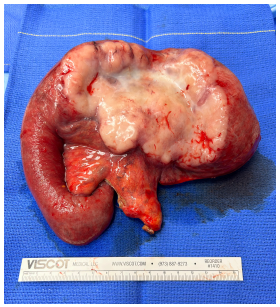


Image 2: Resected surgical specimen

Discussion

EMP is a rare plasma cell disorder involving the gastrointestinal tract. Diagnosis is challenged by non-differentiating features on CT and are often not seen on endoscopy. If surgically accessible, excisional biopsy offers definitive diagnosis as well as cure in cases of primary EMP. All patients should be evaluated for myeloma at the time of diagnosis, and close follow-up is required for the 15% chance of progression to plasma cell myeloma.

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.