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A RARE CASE OF MULTIPLE MYELOMA PRESENTING AS A CRANIAL NERVE PALSY

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INTRODUCTION

A 59-year-old female presented with headache, inward deviation of the left eye and diplopia. MRI revealed a 48*55*17 mm mass lesion on the clivus extending to the sphenoid sinus, atlas and axis. The mass lesion also infiltrated into the left jugular vein. Transsphenoidal biopsy demonstrated monoclonal plasma cells with kappa light chain restriction. Six cycles of radiotherapy at a dose of 50.4 Gy in 28 fractions and 4 courses of VCD protocol (bortezomib-cyclophosphamide-dexamethasone) were administered. On control MRI, there was no regression in the size of the mass lesion and the patient complained of ongoing diplopia. As 2nd line treatment, MATRİX protocol was administered. Stem cells were mobilised after completion of the 2nd course of MATRİX. Response assessment after 2 courses of MATRİX showed almost total regression.
She subsequently underwent autologous stem cell transplantation (ASCT) with BCNU and thiotepa as the conditioning regimen. At follow up one month after ASCT, cranial MRI showed almost complete regression

CONCLUSIONS

We presented a case of 59-year-old female with extramedullary plasmacytoma of the clivus presenting with headache, diplopia and strabismus caused by abducens cranial nerve (CN) VI palsy. Intracranial plasmacytoma is a rare presentation of plasma cell neoplasms and there is no standard therapy for CNS involvement. We preferred a lymphoma-like polychemotherapy regimen to increase CNS penetration. She is still under follow-up with clinical and laboratory response.

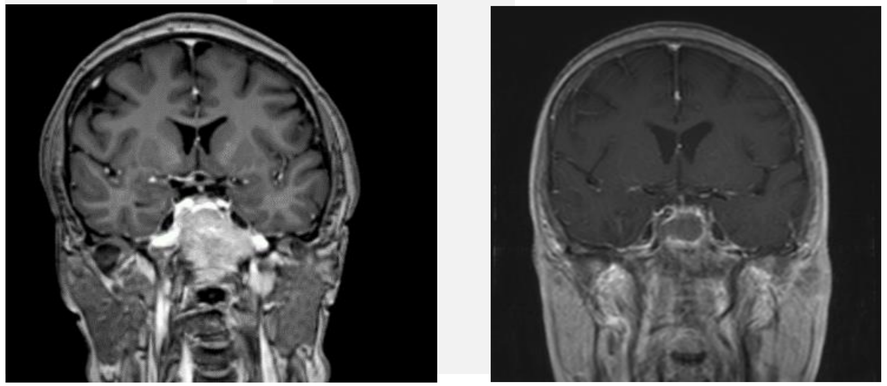


Fig.1: This image shows the difference of ıntracranial lesion at before and after treatment.

CONTACT INFORMATION

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