

A solitary extramedullary plasmacytoma found in the sigmoid colon

Nouf Turki, MD¹, Adam Z. Horowitz, MD¹, Haider A. Naqvi, MD¹, Samuel A. Schueler, MD¹, and Marie L. Borum, MD, EdD, MPH¹

¹Division of Gastroenterology, George Washington University School of Medicine and Health Sciences, Washington, D.C.

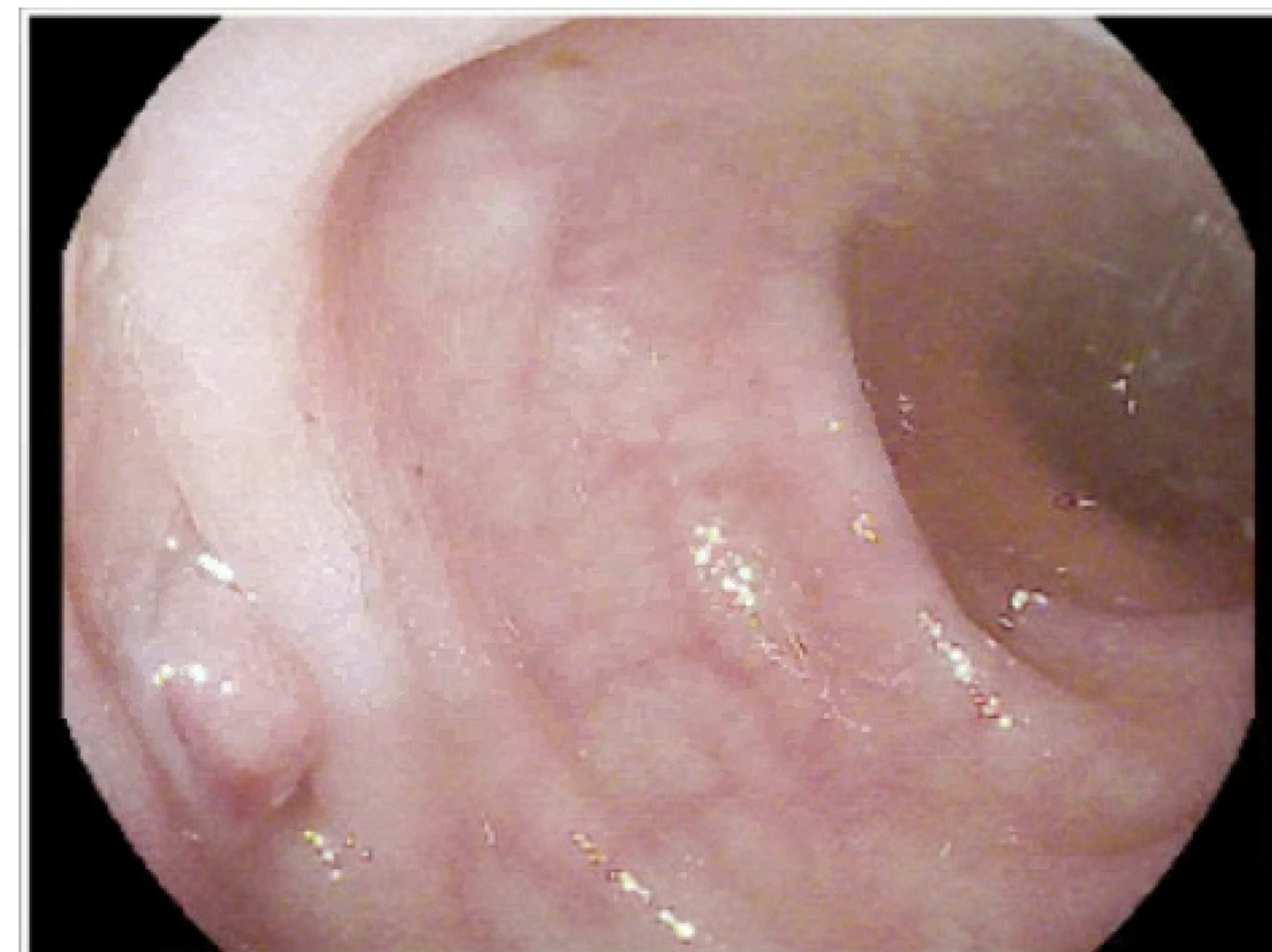
Case Description

- 75-year-old female presenting with chronic GERD
- Endorsed sour taste in mouth and epigastric pain (worse at night and after meals)
- Denied other symptoms including melena, dysphagia, or weight loss
- Started on omeprazole and scheduled for EGD; colonoscopy also scheduled for colon cancer screening
- EGD showed LA Class A distal esophagitis and an island of erythema in the gastric body
 - Pathology showed chronic inflammation, gastritis, and H. pylori infection
- Colonoscopy showed a single inflamed erythematous nodule in the sigmoid colon (biopsied but not removed), a 5 mm sessile polyp in the descending colon, and mild non-bleeding diverticulosis
 - Pathology showed the descending colon polyp was a tubular adenoma, and the sigmoid nodule was an **extraosseous plasmacytoma**
 - Nodule had a plasma cell population that was overwhelmingly positive for IgG and kappa and was negative for CD56, cyclin D1, CD117, CD10, and CD20
- Follow-up colonoscopy showed a 6mm sessile polyp in the sigmoid colon removed by polypectomy, similar to previously-discovered plasmacytoma
 - Pathology confirmed presence of an inflammatory polyp
- Patient initiated on quadruple therapy and advised to follow-up with hematology

Images



Mild non-bleeding diverticulosis of the sigmoid colon



Nodule of the sigmoid colon (plasmacytoma)

Discussion

- Plasmacytomas are rare masses that result from the proliferation of a single line of plasma cells.
- They can present as solitary nodules, but if a second mass is found then the patient is considered to have multiple myeloma.
- Plasmacytomas can either originate from bone or mucosal cells, and the latter is called extramedullary or extraosseous.
- Less than 5% of all plasmacytomas are found in the gastrointestinal tract.
 - These can present with symptoms such as abdominal pain, melena, and hematochezia.
- Patients with plasmacytomas should obtain a PET scan, CBC, and CMP to rule out sequelae of multiple myeloma (hypercalcemia, renal insufficiency, anemia, bone lesions, or the presence of other plasmacytomas).
- Even for solitary and extramedullary lesions, radiation therapy is warranted if complete surgical resection is not achieved.
- We believe it is crucial for gastroenterologists to be knowledgeable on the diagnosis and management of plasmacytomas.

Sources

- De Waal, E G M, et. al. "Progression of a Solitary Plasmacytoma to Multiple Myeloma. A Population-Based Registry of the Northern Netherlands." *British Journal of Haematology*. 2016 Nov; 175(4): 661-7.
- Glasbey, JC, et. al. "Gastrointestinal Manifestations of Extramedullary Plasmacytoma: a Narrative Review and Illustrative Case Reports." *Annals of The Royal College of Surgeons of England*. 2018 May; 100(5): 371-6.
- Iqbal, Q U A, et. al. "Plasmacytoma." *StatPearls*, Jan. 2022.
- Liebross, R H, et. al. "Clinical Course of Solitary Extramedullary Plasmacytoma." *Radiotherapy and Oncology*. 1999 Sept; 52(3): 245-9.