

Pancreatic Plasmacytoma: A Rare Extramedullary Manifestation of Multiple Myeloma

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Multiple myeloma is a plasma cell dyscrasia in which neoplastic plasma cells pathologically produce monoclonal immunoglobulin and infiltrate bone marrow throughout the skeletal system. The disease is classically characterized by bone pain caused by lytic bone lesions, marked increases in monoclonal antibodies in blood or urine, hypercalcemia, and other systemic signs and symptoms of malignancy including weight loss and night sweats. A rare variant of multiple myeloma presents with extramedullary plasmacytomas, or plasma cell tumors, which arise in organs outside of the bone marrow¹. The case presented here exhibits this disease variant, with a woman with severe multiple myeloma refractory to multiple treatment modalities who was found to have a pancreatic plasmacytoma.

The patient presented here was a 58-year-old female with a history of refractory multiple myeloma status post autologous stem cell transplant with relapse, hepatitis B virus on entecavir, and recurrent pancreatitis who presented from her outpatient oncology office for evaluation of a transaminitis in the 1000s U/L, and an alkaline phosphatase of 289 IU/L. She was evaluated by gastroenterology with lab work showing reactivation of her hepatitis B, for which she was started on tenofovir. Her hospital course was complicated by acute onset abdominal pain and a worsening alkaline phosphatase in the setting of newly elevated lipase and amylase. She underwent Magnetic Resonance Cholangiopancreatography (MRCP) (Figure 1), which revealed a 1.7 x 1.6 cm mass in the pancreatic head and a 1.9 x 1.7 cm pancreatic tail mass. A fine needle aspiration (FNA) was then performed which showed plasmacytomas at both locations. She was treated with pain control and intravenous fluids for her pancreatitis and evaluated by radiation oncology with plans for outpatient palliative radiation.

Involvement of the pancreas is a rare occurrence in multiple myeloma and is only seen in about 2.3% of autopsies². While its presentation is often asymptomatic, it can present with symptomatology and imaging findings consistent with pancreatitis. The patient described here had recurrent bouts of pancreatitis prior to this hospitalization; however, previous imaging had never shown a mass. It is likely these episodes were in the setting of underlying, undiagnosed malignancy not detected on prior CT scans. Though an uncommon cause, signs of pancreatitis or suspicious pancreatic masses in patients with multiple myeloma should prompt further workup for a possible extramedullary pancreatic plasmacytoma.

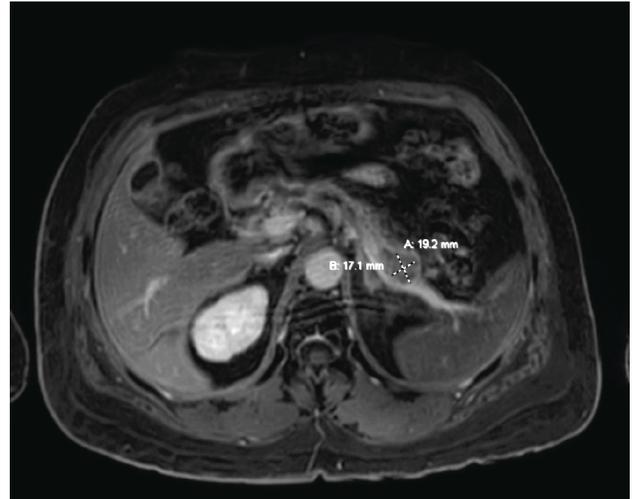


Figure 1. Computed Tomography (CT) demonstrating a pancreatic plasmacytoma in a woman with a history of refractory multiple myeloma.

REFERENCES

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