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Gastrointestinal infiltration secondary to extramedullary anaplastic plasmacytoma. A rare cause of intestinal subocclusion and upper gastrointestinal bleeding

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Abstract:

Extramedullary plasmacytoma is rare, it can appear alone or associated with multiple myeloma, representing an extramedullary progression of the disease. We present the case of a 62-year-old woman diagnosed with multiple myeloma who, being in complete remission began to experience abdominal pain and nausea. A rare cause of intestinal subocclusion and upper gastrointestinal bleeding.

Keywords: Extramedullary anaplastic plasmacytoma. Multiple myeloma. Upper gastrointestinal bleeding.

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Dear Editor,

We present the case of a 62-year-old woman diagnosed with lambda-type light chain multiple myeloma (MM) who, being in complete remission after completing first-line chemotherapy treatment and prior to consolidation with autologous hematopoietic stem cell transplantation (AHSCT), began to experience abdominal pain and nausea.

Abdominal computed tomography showed an ill-defined soft tissue mass with an infiltrative aspect that diffusely affected the mesenteric root and extended towards the mesos of several loops of the ileum, causing decreased motility and proximal dilatation. Urgent ileal resection was performed. The pathological anatomy of the surgical specimen showed a destructive growth plasmacytic infiltrate (Fig. 1A) with positivity for CD 138, MUM1, CKAE/AE3 and elevated ki.67 (Fig. 1B) with light chain restriction, compatible with extramedullary anaplastic plasmacytoma (EMP). After this, AHSCT was performed and complete remission was achieved with negative minimal residual disease.

At follow-up, she presented biochemical relapse (increased monoclonal component and free light chains) and radiological relapse (appearance of a large retroperitoneal mass invading the ipsilateral kidney). The biopsy was compatible with EMP. Bone marrow biopsies ruled out MM infiltration. Despite initiating a second line of treatment, the disease continued to progress, so bispecific antibody (talquetamab) was prescribed.

The patient started with black stools, so gastroscopy was performed, which revealed a 6 cm lesion in greater curvature towards the antrum (Figure 1C-D) with a distorted and eroded nodular surface, which was biopsied and found to be compatible with infiltration by EMP. It was not possible to perform endoscopic hemostasis.

Extramedullary plasmacytoma is rare, it can appear alone or associated with multiple myeloma, representing an extramedullary progression of the disease (1,3). The most common location is the upper airways, and gastrointestinal involvement is rare, the most common site being the small intestine followed by the stomach (1,2), sometimes appearing in the colon (3). Clinical features are usually nonspecific, with epigastric pain and weight loss, and gastrointestinal bleeding is a rare form of presentation (1).

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In our case, despite AHSCT being performed after the episode of intestinal subocclusion, the patient showed an early relapse in the form of gastrointestinal bleeding, the prognosis of which was unfavorable. This case emphasizes the importance of close follow-up in patients with MM even when they are in complete remission.

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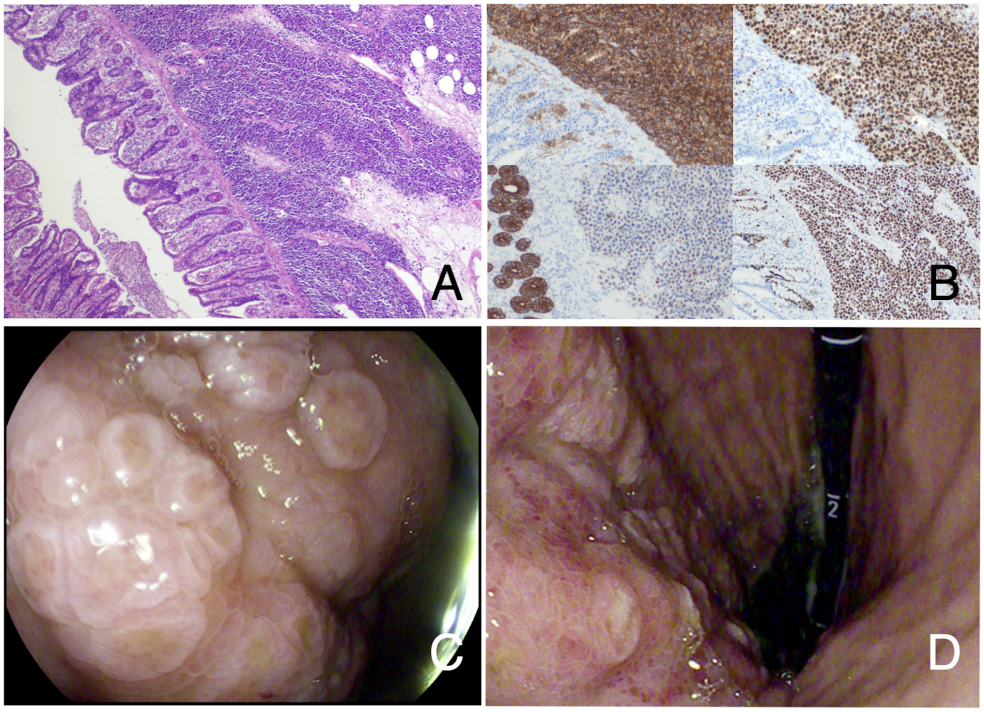

Figure 1: Pathologic anatomy of ileal resection with plasmacytic infiltrate (Fig, 1A) with positivity for CD138, MUM 1, CKAE/AE3 and elevated ki67 (Fig. 1B) compatible with anaplastic extramedullary plasmacytoma, Upper endoscopy shows an eroded greater curvature lesion (Fig 1C-D).