

Title:
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DOI: 10.17235/reed.2025.11195/2025

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Ramírez Martínez Daniel, Rodríguez González María, Sigüenza Lluís Ana, Sanz Vázquez Ana. Intrapancreatic plasmacytoma: an unusual finding of pancreatic lesions. Rev Esp Enferm Dig 2025. doi: 10.17235/reed.2025.11195/2025.

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Intrapancreatic plasmacytoma: an unusual finding of pancreatic lesions

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Keywords: Pancreatic lesions. Endoscopic ultrasound. Plasmacytoma.

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Conflict of interest: We declare no conflict of interest.

Artificial intelligence: The authors declare that they did not use artificial intelligence (AI) or any AI-assisted technologies in the elaboration of the article.

Dear Editor,

We present the case of a 72-year-old man who, during the evaluation of a pancreatic lesion, was found to a secondary plasmacytoma. This is an unusual presentation among pancreatic lesions and should be considered in patients with a history of myeloma.

CASE REPORT:

A 72-year-old man was hospitalized for pain due to lytic bone metastases secondary to light-chain multiple myeloma.

During his study, a 13 mm lesion in the head of the pancreas was evident on PET/CT and MRI (Fig 1), which did not rule out malignancy using these techniques, so a endoscopic ultrasound (EUS) was performed (Fig 2), which showed that the lesion had a polylobate, hypoechoic morphology with some hyperechogenic area in its center,

with a rigid consistency on elastography, without vascularization and without contact other structures. No lymphadenopathy or other additional relevant findings were observed.

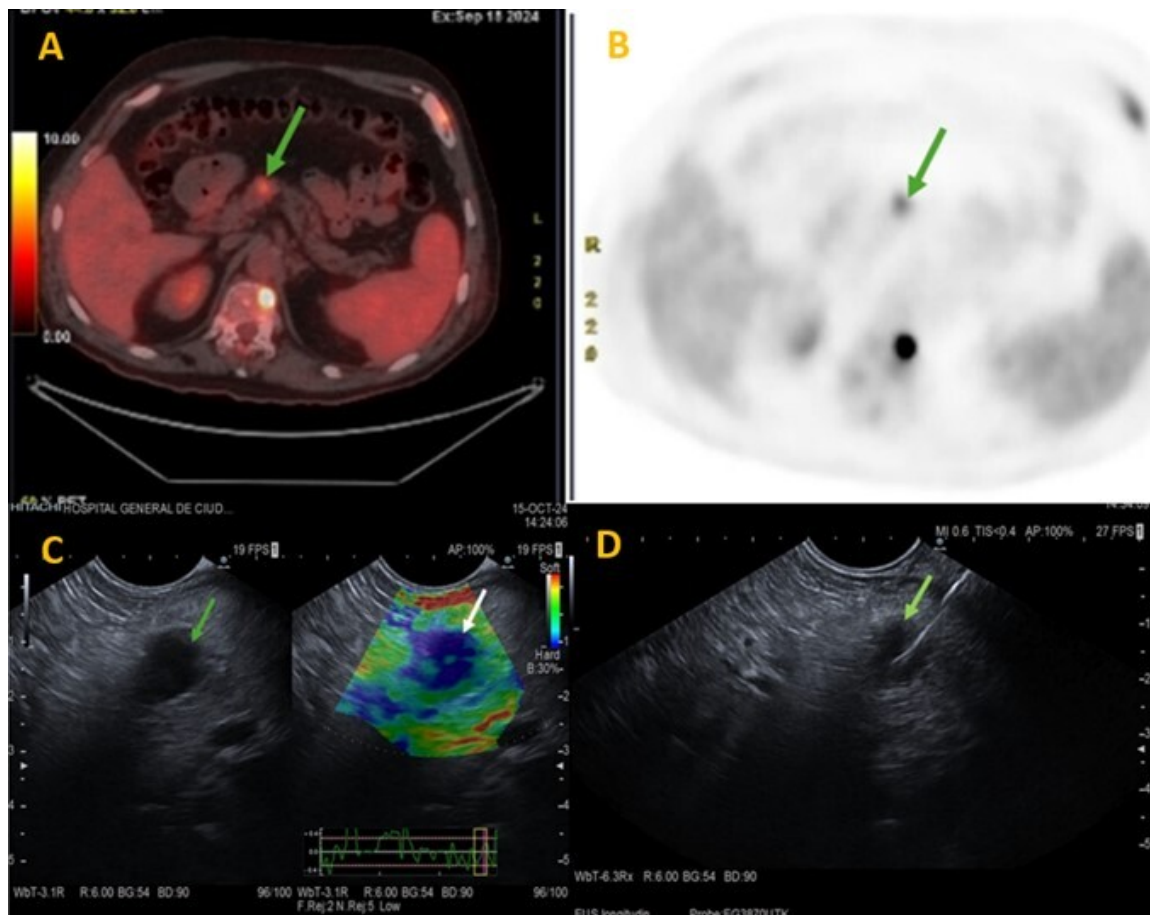
A EUS-guided fine-needle aspiration of the mass was performed (Fig 3) and showed findings consistent with plasmacytoma (myeloma) with lambda light chain restriction.

Extramedullary plasmacytomas are a rare variant of plasma cell malignancies **(2,4)**. When they affect the gastrointestinal tract, they are mainly located in the liver, spleen or stomach **(1-3)**. The location in the pancreas is very rare and when it occurs, it usually affects the head of the pancreas, resulting in obstructive jaundice and abdominal pain **(1)**.

Intrapancreatic plasmacytomas should be suspected in patients with a history of multiple myeloma and the finding of pancreatic mass **(2)**.

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A y B. PET/CT with evidence of hypermetabolic lytic lesion in the axial skeleton and focal deposit of radiotracer in the pancreatic head. **C.** Endoscopic Ultrasound. A 13-mm polylobate, hypoechoic lesion with some hyperechogenic area in its center, with a rigid consistency in the elastography (Blue color). **D.** EUS-guided fine-needle aspiration of the mass.