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DOI: 10.17235/reed.2019.5923/2018
Link: PubMed (Epub ahead of print)

Please cite this article as:
Carnerero Rodríguez José Antonio, Calle Gómez Ana Rosa, Camacho Montaño Laura María , Leal Téllez Jesús. Secondary gastroduodenal plasmacytoma in a patient with multiple myeloma. Rev Esp Enferm Dig 2019. doi: 10.17235/reed.2019.5923/2018.

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IPD 5923 inglés

Secondary gastroduodenal plasmacytoma in a patient with multiple myeloma

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INTRODUCTION

Multiple myeloma is a hematologic neoplasm characterized by an abnormal proliferation of plasma cells. The extramedullary site of tumor clones can be primary or secondary and gastrointestinal involvement is extremely rare (1,2).

CASE REPORT

The case was a 69-year-old female under surveillance due to lower back pain that had evolved over months. A magnetic resonance imaging scan showed a neoformative lesion at the fourth lumbar spine vertebra, which was diagnosed via bone marrow analysis as multiple myeloma. After 18 months, she developed dyspepsia and normocytic anemia. Upper endoscopy revealed a sessile and very friable polypoid lesion in the gastric body (Fig. 1) and the biopsy identified infiltration by multiple myeloma. Another endoscopy was performed after three months of daratumumab treatment, which showed that the duodenum was clearly affected (Fig. 2). The histology also confirmed the spread of plasma cells. Computed tomography demonstrated tumor progression (Fig. 3), which eventually led to the patient death.

DISCUSSION

The prevalence of gastrointestinal plasmacytoma involvement is 0.9% during the course of multiple myeloma (1), affecting the duodenum in exceptional cases (1,3). The

clinical presentation depends on the organs involved, varying from an asymptomatic status to potentially fatal cases such as gastrointestinal bleeding, obstruction or perforation (1,2,3). Endoscopic findings are non-specific and include small ulcers, thickened gastric folds, polypoid lesions and large ulcerated masses. Hence, the importance of the histological study for a diagnosis (2,3). Gastrointestinal involvement in the course of multiple myeloma is associated with a poor prognosis, even after aggressive treatment such as chemoradiotherapy and stem-cell transplantation (1,2). The average median survival after the diagnosis is seven months (1).

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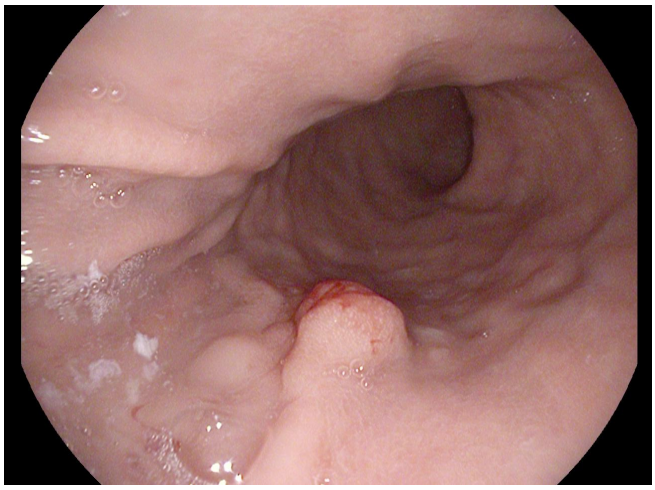

Fig 1. Upper endoscopy. Sessile polypoid lesion of 10 mm in diameter with a slight erosion and friable to the contact from the endoscope, located in the greater curvature of the stomach.

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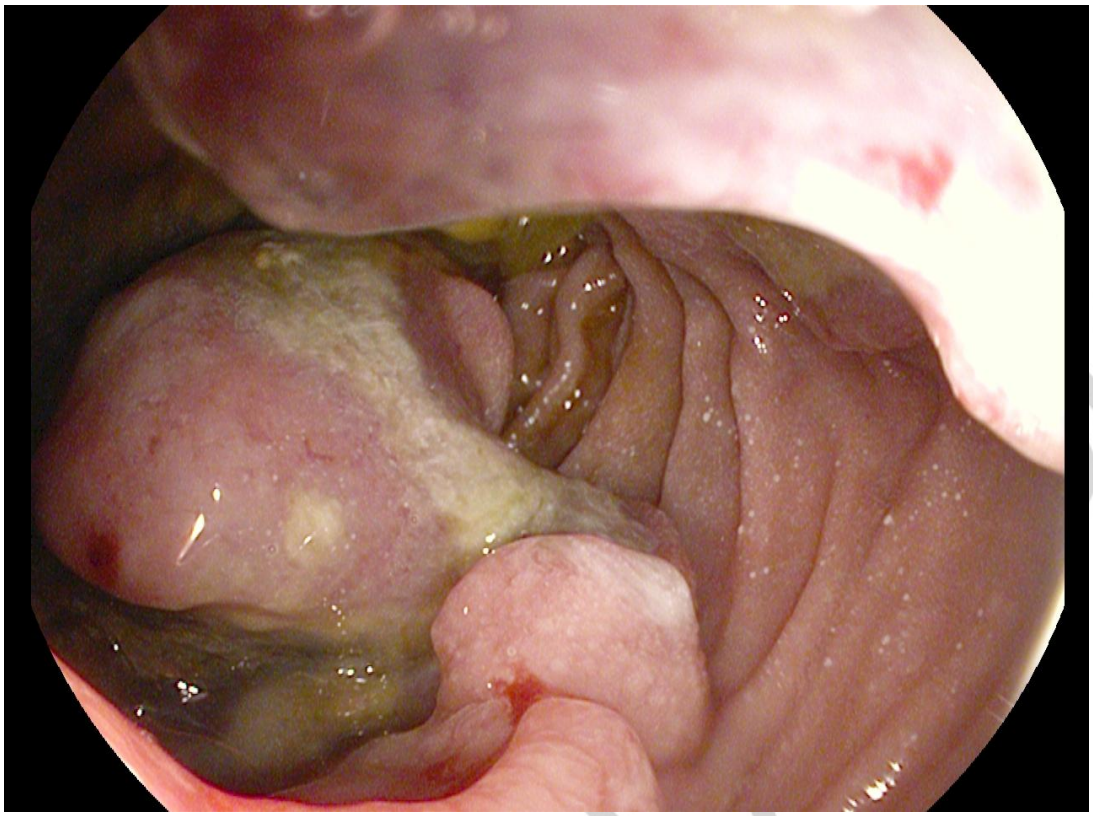

Fig. 2. Upper endoscopy. The second part of the duodenum is affected by large excrescent, ulcerated and erythematous-violet lesions. The lesions measure 15-30 mm in diameter and condition the partial stenosis of the duodenal lumen.

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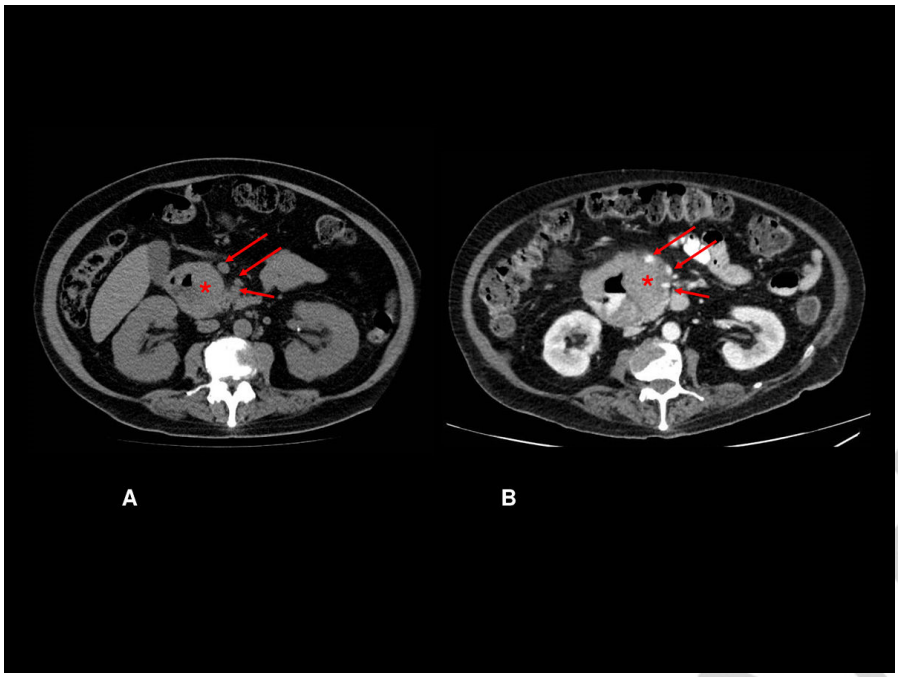

Fig. 3. Computed tomography (CT) without contrast (A) and CT with intravenous contrast six months later (B). Axial sections are contrasted and image B shows an increase in the size of the tumor in the second part of the duodenum (asterisk), which encompasses the mesenteric veins (arrows).