

Title:

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Gastric plasmocytoma: a rare cause of upper gastrointestinal bleeding

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CASE REPORT

43 year-old woman presented to our department with haemoglobin 3.4 g/dl. She denied gastrointestinal bleeding or weight loss. An upper endoscopy (Fig.1) revealed an ulcerative lesion on the greater curvature of the gastric body with two visible clots. As one of the biopsies of the tumor caused active spurting bleeding, two hemoclips were needed to attain hemostasis. An abdominal computed tomography (CT) (Fig.2) demonstrated a well-circumscribed intramural mass arising in the gastric wall, measuring 65x50x90mm, with marked internal vascularity and extraluminal component associated. The biopsies identified areas of mature and immature plasmocytes. Immunohistochemistry showed positive results for CD38, CD138 (Fig. 3) and kappa chains. *Helicobacter pylori* was identified on Giemsa-stained sections. The patient was diagnosed with gastric plasmocytoma after a normal bone marrow aspirate, normal protein electrophoresis, immunoglobulins and tumour serological markers. A positron emission tomography (PET)/CT excluded other lesions. Treatment consisted of laparoscopic resection of the mass and eradication of *Helicobacter Pylori*.

Extramedular plasmocytomas are a rare type of plasma cell neoplasms. Symptoms are usually non-specific^{1,2}. They frequently present as solitary lesions^{1,2} although sometimes endoscopic appearance can only reveal congestion, erosion or edema of the mucosa as in the case reported by Wang *et al*³. Extramedullary involvement by multiple myeloma

may occur in a percentage of patients, therefore the diagnosis of gastric plasmacytoma requires a negative skeletal survey and absence of bone marrow invasion^{1,2}. Similar to MALT lymphomas, association with *Helicobacter Pylori* has been reported in the literature². Usually surgery is the treatment of choice, with good prognosis^{1,2}.

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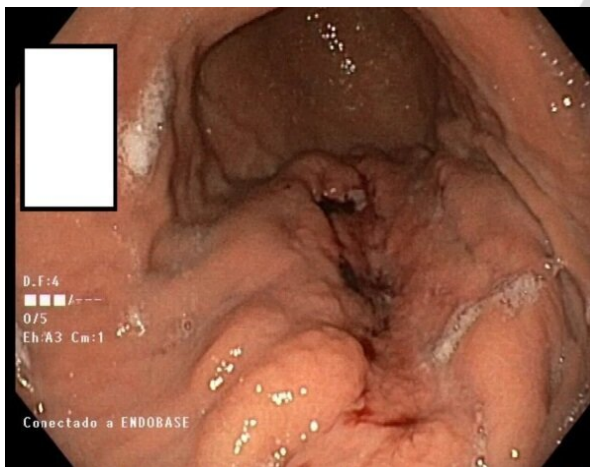


Figure 1. Endoscopy showed ulcerative lesion on the greater gastric curvature.

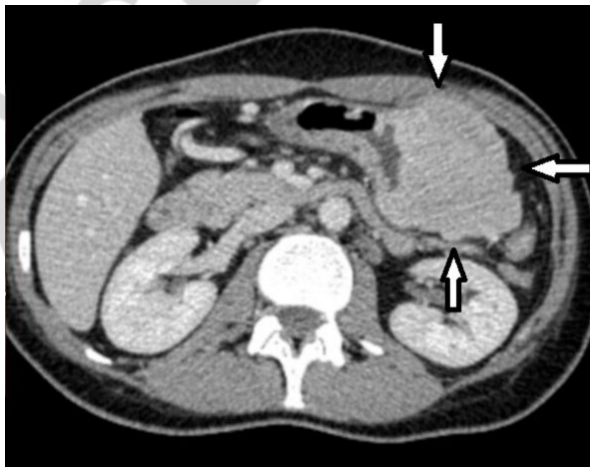


Figure 2. Axial computed tomography image exposed a well-circumscribed intramural mass arising in the gastric wall.

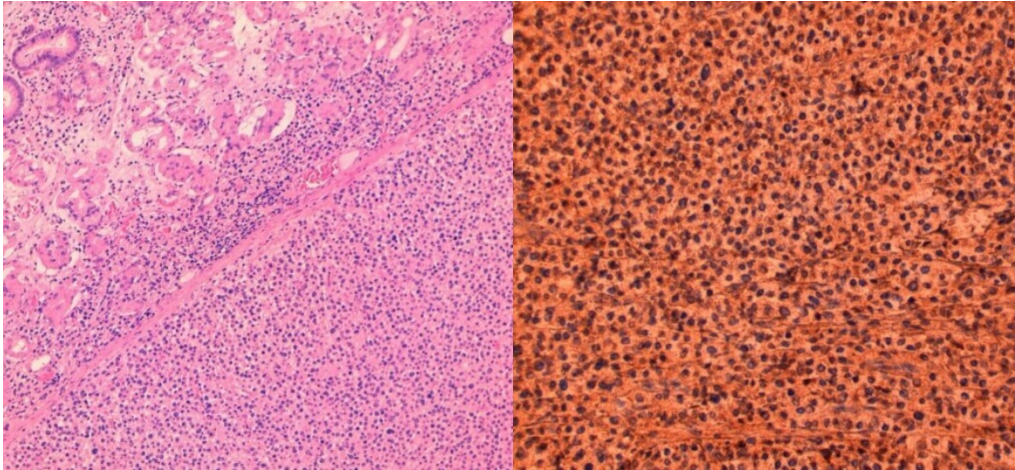


Figure 3. A. Hematoxylin and eosin examination revealed a dense proliferation in the submucosa (x10). B. The immunohistochemical examination disclosed that the tumor cells were positive for CD138 (x20).