Cranial vault plasmacytoma

Solitary bone plasmacytoma of the cranial vault.

Outcome for solitary plasmacytoma of the cranial vault appears to be good when it is diagnosed on strict criteria, which is based on a radiologically solitary bone lesion, neoplastic plasma cells in the biopsy specimen, <5% plasma cells in bone marrow, <2.0 g/dl monoclonal protein in the serum when present and negative urine test for Bence Jones protein (monoclonal light chain) [1].

Case report

Rizea et al., present a rare case of plasmacytoma of the cranial vault associated with severe cardiac pathology, which made surgery extremely difficult and possible only through temporization of the interventions, as presented. They discuss the findings and opportunities for treatment in this case, which seemed unapproachable at presentation, in connection with the associated cardiac pathology. The case was followed-up for eight years with no recurrences [2].

A 58-year-old man presented with a frontal soft tissue mass. X-Ray of the skull showed a lytic lesion of the frontal bone. CT scan showed the lesion extending intra and extracranially and cerebral angiography allowed embolization of afferent arteries. Complete removal of the lesion was performed without additional radiotherapy. Two years after surgery the patient is alive, and asymptomatic. Until 1997, 35 cases of solitary plasmacytoma of the cranial vault are reported, of which only five had frontal localisation. Solitary plasmacytoma of the cranial vault has a good outcome but progression towards a multiple myeloma is possible and deserves clinical and biological follow-up [3].

A 78-year-old woman whith progressive right hemiparesis. On clinical examination a painless large soft mass in the left parietal region was observed. CT and MRI revealed an extra-axial mass in the in the left fronto-temporo-parietal region. The lesion was totally excised despite the bleeding tendency. Histology disclosed the presence of a plasmacytoma. Postoperative, the patient developed an epidural hematoma that required immediate evacuation. On further investigation active tuberculosis was detected. On follow up examination 1 year later no tumor recurrence or evidence of multiple myeloma was detected [4]

1)
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2)
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3)
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4)
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