Plasmacytoma

- Spinal Extradural Angiolipoma: A Report of Two Cases and Review of Literature
- Cytology to More Clearly Distinguish Solitary Plasmacytoma at the Skull Base
- Solitary plasmacytoma: An unusual dural-based lesion - A case report
- Visual impairment as the initial presentation in multiple myeloma: a case report and literature review
- Overcoming Challenges: Haemostasis in a Clival Plasmacytoma
- Case Report of Concomitant Diagnosis of Locally Advanced Intrahepatic Cholangiocarcinoma and Solitary Plasmacytoma of T11 Vertebra: Impact on Diagnostic and Clinical Management
- Retracted: Long Non-Coding RNA Plasmacytoma Variant Translocation 1 (PVT1) Enhances Proliferation, Migration, and Epithelial-Mesenchymal Transition (EMT) of Pituitary Adenoma Cells by Activating beta-Catenin, c-Myc, and Cyclin D1 Expression
- Multiple myeloma with central nervous system infiltration: A case report

Plasmacytoma is a clonal proliferative disorder of neoplastic plasma cells and is biologically malignant [1] growing within soft tissue or within the axial skeleton.

The most common spinal manifestation of plasmocytoma is involvement of the vertebral bodies leading to extradural compression of the cord. Only rarely plasmocytoma manifests itself as a primarily dural lesion leading to an intradural cord compression.

Classification

There are three distinct groups of plasmacytoma defined by the International Myeloma Working Group:

Solitary bone plasmacytoma (SBP), extramedullary plasmacytoma (EP), and multiple solitary plasmacytomas that are either primary or recurrent. Among the three, SPB is the most common and occurs as lytic lesions within the axial skeleton [2].

Epidemiology

Plasmacytoma is rare that responsible for only 5% of plasma cell neoplasms.

Differential diagnosis

Due to their cellular similarity, plasmacytomas have to be differentiated from multiple myeloma. For SPB and EP the distinction is the presence of only one lesion (either in bone or soft tissue), normal bone marrow (<5% plasma cells), normal skeletal survey, absent or low paraprotein and no end organ damage.

1)
Grogan TM, Muller-Hermelink HK, Van CB, Harris NL, Kyle RA. Plasm cell neoplasms. In: Jaffe ES, Harris NL, Stein H, Vardiman JW, editors. World health organization classification of tumours. Pathology and genetics of tumours of haematopoietic and lymphoid tissues. Lyon: IARC Press; 2001. pp. 142–156.

2)
Dimopoulos MA, Moulopoulos LA, Maniatis A, Alexanian R. Solitary plasmacytoma of bone and asymptomatic multiple myeloma. Blood. 2000;96:2037–2044.