

Lymph Node Extramedullary Solitary Plasmacytoma

Department of Internal Medicine¹, General Surgery² and Pathology³, Inje University Ilsan Paik Hospital, Goyang-si, Gyeonggi-do, Department of Radiation Oncology⁴, Dong Guk University International Hospital, Gyeonggi-do, Goyang-si, Republic of Korea

*Min Kim¹, Tae Gil Heo², Han Sung Kim³, Hyung Geun Yun⁴, Hye Ran Lee¹

Solitary extramedullary plasmacytomas are uncommon malignant neoplasms accounting for 5-10% of all plasma cell malignancies. The majority of extramedullary plasmacytomas are seen in the head and neck region and frequently arise in the upper aerodigestive tract. Lymph nodes are exceedingly rare sites of extramedullary plasmacytoma. Lymph node extramedullary plasmacytoma is defined as a lymph node tumor constituted of monoclonal proliferated plasma cells. It is necessary to rule out multiple myeloma in order to diagnose solitary plasmacytoma. We report here on a case of lymph node extramedullary plasmacytoma arising from a cervical lymph node. A 43-year-old man visited to our hospital presented with a non-tender mass in the left neck, which had been growing slowly for one-month. A physical examination revealed a hard mass sized 3 x 4 cm. A solitary movable hard mass was palpable on the left cervical area. A CT scan showed a 2.6 x 3 cm mass on the left side of the neck (level II) and a 1.5 x 1 cm mass in the Rt. thyroid. A chest radiograph was normal. The left cervical mass was excised. Pathology showed that diffuse infiltration of immature plasma cells was encapsulated by the lymphoid cell layer. The neoplastic nature of the plasma cell infiltrate was confirmed by immunohistochemical studies. The thyroid nodule proved to be thyroid hyperplasia. The following examinations were undertaken to rule out multiple myeloma: complete blood count, platelets, BUN/creatinine, electrolytes, calcium/albumin, quantitative immunoglobulins, skeletal survey, unilateral bone marrow aspiration and biopsy, Beta₂-microglobulin, serum protein electrophoresis and immunofixation, 24hr urine protein electrophoresis and immunofixation, C-reactive protein and LDH. All of them were within normal limits. Thus, multiple myeloma was excluded and a final diagnosis of solitary extramedullary plasmacytoma of the cervical lymph node was made. Currently, the patient's plasmacytoma is being managed by radiotherapy.

The outcome of bone marrow examination for initial staging work-up of extranodal marginal zone B-cell lymphoma

¹Department of Internal Medicine, Seoul National University College of Medicine, Seoul, Korea ²Cancer Research Institute, Seoul National University College of Medicine, Seoul, Korea

*Ji young Rhee¹, Hee Jun Kim¹, Myung-deok Seo¹, Hyeon Gyu Yi¹, Yu Jung Kim¹, Se-Hoon Lee^{1, 2}, Dong-Wan Kim^{1, 2}, Yung-Jue Bang^{1, 2}, Dae Seog Heo^{1, 2}

Background : Extranodal marginal zone B-cell lymphomas (MALT lymphoma) present with localized disease in 70 to 90% of cases. There is controversy on the necessity of bone marrow examination as initial staging work-up of MALT lymphomas. We investigated the frequency of bone marrow involvement of MALT lymphomas and the outcome of bone marrow examination for initial staging work-up of MALT lymphomas at a single institute. **Methods :** Patients diagnosed as MALT lymphoma and initially performed bone marrow aspiration and biopsy at Seoul National University Hospital, between May 1996 and January 2007, were reviewed, retrospectively. Primary sites of MALT lymphoma, results of BM examination, and clinical features were evaluated. **Results :** A total of 129 patients were identified. The median age was 54 years (range, 17-84 years), and 54.3% of the patients were females. Primary sites included stomach, 84; orbit and orbital adnexa, 21; lung, 7; and others, 17 (salivary glands, thymus, upper airways, tonsil, soft tissue, colon, small bowel, kidney, common bile duct). Fourteen patients (10.9%) had bone marrow involvement of MALT lymphoma. Five patients of these cases showed no disease-progression without anti-cancer treatment. (Two patients showed negative bone marrow examination of following evaluation.) Among the primary site of lymphoma, the frequency of bone marrow involvement of MALT lymphoma did not differ significantly. But the frequency of bone marrow involvement in patients over 60 years old was significantly higher compared with that in patients under 60 years old (20.9% vs. 5.8%, p=0.015). Median overall survival of this cohort was 9.2 years. **Conclusion :** In patients with MALT lymphoma, importance of the bone marrow involvement needs to be reevaluated.