

Gastric Plasmacytoma: Exceptional Location of An Extramodular Plasmacytoma

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Abstract

Multiple myeloma (MM), a plasma cell tumor, mainly found in the bone marrow. Extramedullary plasmacytoma, also a plasma cell tumor, is very rare in the gastrointestinal tract and pancreas, and only a few cases have been documented so far. Gastric and pancreatic plasmacytomas are generally seen in elderly patients, the clinical symptomatology of gastric plasmacytoma is nonspecific such as epigastralgia, abdominal fullness, anorexia and weight loss, or complications such as upper gastrointestinal bleeding or antropyloric stenosis. In this article, we present the case of a 57-year-old man with no particular pathological history who presents 6 months before the consultation of epigastralgia, complicated by hematemesis of average abundance after paraclinical exploration the diagnosis of gastric plasmacytoma was retained.

Introduction

Multiple myeloma (MM) is primarily the disease of the bone marrow, consisted with abnormal proliferation of plasma cells [1]. It is referred to as plasmacytoma when the lesions are sporadic and without the systemic criteria for MM [2]. Most commonly, plasmacytomas arise in the bone; however, it can be seen anywhere in the body. The respiratory tract is the most localization of extramedullary involvement which is very rare, and less than 5% of the cases are seen in the gastrointestinal (GI) tract [3]. We present a case of 57-year-old man with plasmacytoma revealed by hematemesis.

Case

A 57-year-old man, with no pathological history, presented in our hospital for chronic atypical epigastralgia which progressed 6 months before his consultation, complicated by hematemesis of average abundance and anorexia, progressive weakness, and weight loss (7 kg in 3 months). The clinical examination didn't show any abnormalities, the gastroscopy (**Figure 1**) revealed a tumor process of the antro-pyloric junction of 7 cm long axis, ulcerative-budding, non-stenosing. The CT scan showed the antropyloric tumor process, narrowing the gastric lumen, coming into contact with the pancreas and the liver without loss of the separation border.

The histological and immunohistochemical study of the biopsies shows gastric plasma cell proliferation, with Kappa monotypy, in favor of a plasmacytoma; absence of lymphocyte expression from anti-CD20,

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Figure 1: Tumor Process of The Antro-Pyloric.

anti-CD3, anti-CD 117, anti-CD10, anti-CD79a, anti-BCL6, anti-CD5 and anti-CK antibodies, and a positivity of anti-CD45 +, anti-EMA, anti-Kappa and anti-Lambda antibodies. Myeloma assessment: calcium level, renal function, 24-hour proteinuria: normal, electrophoresis of plasma proteins with a monoclonal aspect at the level of beta2 globulins, and medullary MRI without abnormalities. The evolution marked by worsening of the deterioration of the general condition, the patient died before starting any therapy

Discussion

Plasmacytoma is a localized tumor mass made up of neoplastic monoclonal plasma cells. The median age of onset is 60 years, and the majority of patients are male [3]. The extraosseous location represents about 5%, dominated by ENT locations in 80% [5] Other presentations, particularly gastrointestinal, are rare [6,7]. The clinical presentation is nonspecific, may be in the form of epigastralgia, weight loss, asthenia or sometimes gastrointestinal bleeding [8] The radiological appearances are vague, may show a polypoid lesion or homogeneous thickening of the concentric gastric wall, which may be interpret as gastrointestinal stromal tumor or lymphoma [9].

Histology allows evidence of mature and immature plasma cell leaves in the lamina propria. with a very large number of mitoses and absence of elevated lymphoepithelial lesions associated with a correct CD20, CD79a, CD10, Bcl-2 negative immunohistochemistry panel; CD138, EMA, MUM1 positive and lambda chain restriction provided the diagnosis. However, the presence of monoclonal plasma cell proliferation is not synonymous of gastric plasmacytoma. It can be objectified in extramedullary multiple myeloma

in 20% of cases, Therefore, a work-up aimed to rule out myeloma before making the diagnosis [12].

Therapeutic management is not codified therefore therapy probably depends mainly on the location and transmural extent of the tumor [10]. For this, some teams are proposing the eradication of *H. pylori* as a therapeutic option [11]. Sometimes endoscopic resection can be the therapeutic means, especially in small tumors that do not protrude the mucosa [12], if necessary, surgery, with or without radiation, normally with good results., Follow-up is usually favorable [9].

Links of interest

The authors declare that they have no links of interest

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