Isolated extramedullary plasmacytoma of the middle turbinate

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Abstract
Extramedullary plasmacytoma is a rare plasma cell proliferative disorder with a predilection for the head and neck region. Occasionally, it presents as a solitary lesion in the nasal cavity. We report a case of an isolated lesion in the middle turbinate of the right nasal cavity. The lesion was completely excised via an endoscopic approach. We also review the pathology and management of plasmacytomas in general.

Introduction
The term plasma cell tumor encompasses tumors along a clinical spectrum that includes multiple myeloma and plasmacytoma. The latter can be subclassified as solitary or extramedullary; solitary plasmacytoma appears in bone (primarily the long bones), and extramedullary plasmacytoma appears in soft tissue.

Neoplastic proliferation of plasma cells characterized by marked proteinuria and bone pain was described separately in 1846 by both Dalrymple and Bence Jones. Von Rustizky in Kiev coined the term multiple myeloma in 1873. In 1905, Schridde became the first to report a case of extramedullary plasmacytoma.

Plasmacytomas are rare. They represent the manifestation of a plasma cell proliferative disorder. They are related to multiple myelomas in the sense that both of these conditions arise as a result of monoclonal proliferation of plasma cells that produce a single homogenous immunoglobulin molecule or fragment. The primary difference between the two conditions is that plasmacytoma manifests as a solitary tumor, whereas multiple myeloma, as the name suggests, can involve multiple organ systems. Also, multiple myeloma is essentially incurable and carries a poorer prognosis. Solitary plasmacytoma of bone is sometimes an early sign of multiple myeloma, and it is more likely than extramedullary plasmacytoma to evolve into disseminated multiple myeloma.

Extramedullary plasmacytoma arises from extramedullary progenitor cells that later differentiate into submucosal plasma cells. Extramedullary plasmacytoma may remain localized or even disseminated, but it is distinct from multiple myeloma in that its dissemination pattern is different and its prognosis is better.

Extramedullary plasmacytoma tends to occur in the sixth and seventh decades of life, and it is three to four times more common in men than in women. Although it has a predilection for the head and neck region, extramedullary plasmacytoma accounts for less than 1% of all head and neck cancers. Almost 80% of extramedullary plasmacytomas occur in the submucosal tissues in the head and neck; 10 to 20% of these may present as multiple lesions. The most common locations are the nasopharynx and the paranasal sinuses; others have been reported in the oropharynx, larynx, tongue, minor salivary glands, thyroid, orbit, skull base, and mastoid. Locations outside the head and neck include the pleura, mediastinum, spermatic cord, ovary, intestines, kidney, pancreas, breasts, and skin. In this article, we report a new case of extramedullary plasmacytoma in which a solitary lesion arose in the nasal cavity.

Case report
A 54-year-old man presented with a 5-month history of epistaxis from the right nostril. His episodes of bleeding were intermittent and self-limiting, and he lost app...