Endoscopic submucosal dissection of a solitary gastric plasmacytoma: “third space oddity”

Although well established for classic indications [1–3], the use of endoscopic submucosal dissection (ESD) can help to solve rare clinical situations [4–5].

A 35-year-old woman without medical history underwent an esophagastroduodenoscopy for progressive epigastralgia that was unresponsive to proton pump inhibitors (PPIs) for 12 months. A 10-mm subepithelial lesion in the antrum was reported (▶ Fig. 1). Biopsies revealed an extramedullary plasmacytoma, confirmed by expert pathology. Apart from weight loss, attributed to epigastralgia, no other B symptoms were present. Diagnostic work-up disclosed a unique gastric hypermetabolic focus on positron emission tomography (▶ Fig. 2). There were no biological anomalies. Bone marrow biopsy was normal.

Endoscopic evaluation 1 month after radiotherapy, administered with curative intent (40Gy), suggested a non-responding lesion (▶ Fig. 3). Endosonography evaluation showed a homogeneous, hypoechoic mass (12.0 × 5.7 mm) limited to the submucosa (▶ Fig. 4). ESD was proposed as a treatment option in a multidisciplinary team.

Lesion delineation was obtained using narrow-band imaging (NBI) and texture and color enhancement imaging. ESD was performed by expert hands (▶ Video 1) with a GIF-HQ-190 gastroscope, using an electrosurgical knife and glycerol solution. The conventional ESD technique was applied, taking 1-cm lateral margins, dissecting alongside the proper gastric muscular layer under near focus and texture and color enhancement. En bloc resection (60 × 40 mm) was obtained in 150 minutes. No post-radiotherapy fibrosis was noted. Pathology confirmed the presence of a 21-mm submucosal lambda monoclonal plasmacytoma infiltrating up to 1 071 micrometers. Lateral and vertical margins were free, even though free deep submucosa was only 50 micrometers on the specimen (▶ Fig. 5). Endoscopic evaluation at 6 months showed post-ESD scarring without signs of relapse (▶ Video 1); while the patient reported minor residual epigastralgia but regained normal weight. Albeit the outcome is reassuring, close endoscopic and imaging follow-up is proposed.

Although rare, ESD (alone or complementary to other treatment modalities) can serve as an adequate treatment for digestive plasmacytoma beyond the scope of its classic indications.

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Competing interests

The authors declare that they have no conflict of interest.

The authors

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Video 1 Endoscopic submucosal dissection of a solitary gastric plasmacytoma: “third space oddity”.

Fig. 5 Pathology images. a Macroscopic picture of the resected specimen showing the subepithelial lesion (red dotted circle) and 1-cm margins. b Inflammatory infiltrate located mainly in the mucosa and submucosa. c At higher magnification, histopathological aspect of inflammatory cells (eccentric nucleus with coarse chromatin and cart wheel pattern) suggests diffuse infiltration by plasma cells. d Anti-CD138 immunostaining confirms inflammatory nature of plasma cells. e, f In situ hybridization shows lambda monoclonality.

E-Videos

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