Diffuse gastric plasmacytoma involvement in multiple myeloma

Involvement of the gastrointestinal tract in multiple myeloma is rare. It is an aggressive biological sign and is associated with a poor prognosis [1, 2].

A 64-year-old woman with a history of multiple myeloma, diagnosed 3 years earlier, experienced persistent epigastric pain for 1 month. The multiple myeloma was classified as an IgG-k type, stage IIIA according to the Durie–Salmon classification system. The patient had undergone several cycles of chemotherapy with vincristine, doxorubicin, and dexamethasone, followed by high doses of melphalan and lenalidomide.

Based on the symptoms, the patient underwent upper endoscopy, which revealed multiple polypoid red nodules (Fig. 1) extending from the fundus to the antrum of the stomach. Immunohistochemical analysis of biopsies from the lesions showed infiltration of the gastric mucosa by CD138-positive, CD56-positive, monoclonal IgG-k-type plasma cells (Fig. 2), in accordance with the patient’s multiple myeloma classification. Because of the diffuse involvement of the stomach by plasmacytomas and her clinical condition, neither total gastrectomy nor radiation could be done. The patient died 3 months later.

The endoscopic picture of plasmacytomas in the gastrointestinal tract includes the nodular, ulcerative, polypoid, and infiltrative types, with the nodular being the most commonly seen [3, 4]. The small bowel is the gastrointestinal site most commonly affected, followed by the stomach, colon, and esophagus, in order of frequency of involvement [3].

Involvement of the gastrointestinal tract in multiple myeloma is rare. It is an aggressive biological sign and is associated with a poor prognosis [1, 2].

A 64-year-old woman with a history of multiple myeloma, diagnosed 3 years earlier, experienced persistent epigastric pain for 1 month. The multiple myeloma was classified as an IgG-k type, stage IIIA according to the Durie–Salmon classification system. The patient had undergone several cycles of chemotherapy with vincristine, doxorubicin, and dexamethasone, followed by high doses of melphalan and lenalidomide.

Based on the symptoms, the patient underwent upper endoscopy, which revealed multiple polypoid red nodules (Fig. 1) extending from the fundus to the antrum of the stomach. Immunohistochemical analysis of biopsies from the lesions showed infiltration of the gastric mucosa by CD138-positive, CD56-positive, monoclonal IgG-k-type plasma cells (Fig. 2), in accordance with the patient’s multiple myeloma classification. Because of the diffuse involvement of the stomach by plasmacytomas and her clinical condition, neither total gastrectomy nor radiation could be done. The patient died 3 months later.

The endoscopic picture of plasmacytomas in the gastrointestinal tract includes the nodular, ulcerative, polypoid, and infiltrative types, with the nodular being the most commonly seen [3, 4]. The small bowel is the gastrointestinal site most commonly affected, followed by the stomach, colon, and esophagus, in order of frequency of involvement [3].

Competing interests: None

References
1 Oriol A. Multiple myeloma with extramedullary disease. Adv Ther 2011; 28: 1–6

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1377537
Endoscopy 2015; 47: E197
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Panagiotis Katsinelos, MD
Department of Endoscopy
School of Medicine
Aristotle University of Thessaloniki
General Hospital of Thessaloniki “Ippokratia”
54639, Thessaloniki
Greece
Fax: +30-231-0613424
gchatzimav@yahoo.gr