Colonic plasmacytomas: a rare complication of plasma cell leukemia

A 53-year-old man presented with fatigue, syncope, and splenic rupture. Diagnostic evaluation revealed hypercalcemia with leukocytosis (23.2 × 10³ cells/µL). Peripheral smear showed 39% lymphocytes with clonal plasmacytosis. These findings, in addition to a negative skeletal survey, suggested a diagnosis of plasma cell leukemia (PCL). The patient was started on carfilzomib and dexamethasone after relapse following an initial regimen of cyclophosphamide, bortezomib, and dexamethasone. Then, 3 days into treatment, he developed profound anemia from hematochezia requiring multiple transfusions. Colonoscopy revealed numerous polypoid growths from the transverse colon to the cecum. a A wide-based discoid polypoid lesion in the transverse colon. b Solitary polypoid lesion in the transverse colon. c Clusters of polyps in the cecum.

Histology of a representative polyp revealed sheets of cells with high nuclear to cytoplasmic ratios, prominent nucleoli, and mitotic figures infiltrating the colonic mucosa (Fig. 2). These cells were positive for CD138 (Fig. 3a), negative for CD20 and CD5, and were lambda light chain restricted (Fig. 3b). This was consistent with colonic mucosal infiltration by a plasma cell neoplasm originally identified in peripheral blood.

Cases and Techniques Library (CTL) E77

Hang Calvin T et al. Colonic plasmacytoma... Endoscopy 2015; 47: E77–E78

Competing interests: None

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Endoscopy_UCTN_Code_CCL_1AD_2AJ

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Fig. 3  a The neoplastic plasma cells were positive for CD138. b From lambda light chain RNA in situ hybridization, the neoplastic plasma cells were lambda light chain restricted.

References
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Bibliography
Endoscopy 2015; 47: E77–E78
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Stuttgart · New York
ISSN 0013-726X

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