Catheter insertion site plasmacytoma

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A 48-year-old man with multiple myeloma (immunoglobulin G/kappa) relapsed after receiving bortezomib-based induction therapy and an autologous stem cell transplant. Multi-agent salvage chemotherapy was administered and a haploidentical transplantation (HT) was performed. Two months later a rapidly enlarging purple mass with prominent collateral circulation appeared in the right anterior chest wall, in the site where a previous central venous catheter was inserted (Figure 1A). A biopsy of the lesion showed tissue infiltration with plasma cells (Figure 1B and C; hematoxylin and eosin staining 20X and 40X, respectively) that stained positively for CD38 (Figure 1D; immunohistochemical staining 20X) and exhibited kappa light-chain restriction (Figure 1E; immunohistochemical staining 40X). Shortly afterward, monoclonal protein in serum became detectable and blood counts progressively decreased. A diagnosis of extramedullary progression of multiple myeloma as soft-tissue plasmacytoma was made. No further chemotherapy was administered; the patient received supportive care and was discharged home.

Soft-tissue plasmacytomas are the most important form of extramedullary involvement in multiple myeloma, and can be found in up to 20% of patients at the time of relapse [1]. Remarkably, they may be more frequent in patients relapsing after allogeneic transplantation, possibly because the graft versus myeloma effect is stronger in the bone marrow than in other sites [2]. This risk may be even higher in patients who received an HT, such as the one presented here.

Conflicts of interest

All contributing authors declare no conflicts of interest.

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References
