Solitary Plasmacytoma of the Axis Vertebra Presenting as Severe Neck Pain

Sir,

Plasmacytoma is a localized collection of neoplastic plasma cells. This usually occurs in bones although soft tissue involvement (extra-medullary) is also known. Diagnosis is established after exclusion of other bone lesions and exclusion of bone marrow involvement by plasma cells. These patients respond very well to radiation and/or surgery.

A 48 year old female presented with severe pain in the nape of the neck of one month duration. The pain was continuous at the region and got aggravated by any movement of the neck and relieved only shortly with analgesics. The patient had no fever, local swelling or difficulty in swallowing. She had no history of local trauma. On examination, the area just below the hairline was exquisitely tender to palpation. There was no local inflammation.

Laboratory examinations showed Hb 10 gm%, total leukocyte count 5600/mm³, neutrophil 70%, lymphocyte 25 % and Eosinophil 4%. Platelet count was 3 lakh/mm³. ESR was 60mm in 1st hour. Urea was 23 mg% and creatinine was 0.8 mg%. Liver function test was normal. albumin was 3.7 g% and globulin was 3 gm%. Serum calcium was 9.5 mg% and phosphate was 4 mg%.

X-Ray of the cervical vertebrae showed small multiple lytic lesions in second cervical vertebra involving spinous process and pedicle (Fig. 1). In CT scan there was also soft tissue swelling around the second cervical vertebra (Fig. 2). A CT guided FNAC from the lytic lesions showed multiple plasma cells with binucleate plasma cells—suggestive of plasmacytoma (Fig. 3).

Electrophoresis and immunofixation of the patient’s blood and urine were normal. Bone marrow aspirate and biopsy were done which showed less than 5% plasma cells. X-Ray of other skeletal areas was normal. A metastatic bone survey by isotope scan showed no other lesion with increased uptake except the solitary lesion at second cervical vertebra. Thus this was finally diagnosed as a case of solitary plasmacytoma of axis vertebra with no other systemic features. The patient refused surgery and was treated with radiotherapy with decrease in pain after three weeks.

The term solitary plasmacytoma is applied to tumor growth with no other evidence of multiple myeloma. It is a rare entity, occurring in 2-5% of cases of plasma cell dyscrasia. Medullary Plasmacytomas present mainly in vertebra in 50% of cases. Solitary plasmacytoma of cervical spine often presents late. A case similar to ours was reported by Voulgaris et al from Greece. That case also presented with cervical pain as the only complaint.

Although radiotherapy is effective in early stage, definite surgical interventions like instrumented spinal fusion or decompression is needed to prevent future risks. This is necessary because these patients have a good chance of survival and so limitation of disabilities is a major concern.

Malignant tumors like plasmacytoma can present with apparently no other systemic features. This case shows that any spinal pain should not be neglected. This is especially true for pain in older patients that do not heal with regular therapy.

References


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Arsenicosis

Sir,

This has reference to review article on Arsenicosis: Review of recent advances by BD Pimparkar and Aruna Bhave, in October 2010 issue of JAPI.¹

In this article, the authors have made a passing references to acute fatal arsenic encephalitis and have quoted 1975 edition of Goodman and Gillman.²

I would like to state that a report describing two cases of Acute Arsenic encephalopathy following parenteral arsenic therapy in patients suffering from tropical eosinophilia, from Mumbai by Talwalkar PG et al³ is very pertinent and could have enriched the value of above quoted article.

References


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Reply from Author

Sir,

We thank Prof. Pradeep G. Talwalkar, for the interest shown in our article.¹ As the title of our article indicates, it emphasizes recent developments in arsenicosis. Old described symptomatology was briefly described.

The report of 2 cases describing use of organic arsenicals in tropical eosinophilia (tropical diseases) were only mentioned to keep the brevity of old described symptoms mainly because organic arsenicals are rarely used since 1975 in our country.²

Perhaps we agree that the details of the article by Prof. Talwalkar may have clarified use of arsenicals in tropical diseases seen in India.

References


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