Relapse of multipe myeloma presenting as kidney extramedullary plasmacytomas

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Background: Plasmacytomas are malignant plasma cell tumours which are characterised by the proliferation of plasma cells clone that produce monoclonal immunoglobulins. Plasmacytomas can be either diffuse (multiple myeloma and plasma cell leukemias) or localized (solitary plasmacytoma of bone or extramedullary plasmacytomas). Extramedullary plasmacytomas typically affect patients during middle age (55–60 years) with male predominance. A renal extramedullary plasmacytoma is a rare clinical presentation with small number of cases reported in the literature. Case report: a 59-year-old male presented with fracture of right femur on April 2009.y, and immobilization had been performed. NMR finding revealed expansive lesion of right femur. Bone scintigraphy demonstrated increased activity also in left tibia and left femur. Biopsy of the expansive lesion of right femur reviled plasmacytoma. Clinical and laboratory findings confirmed the diagnosis of Myeloma Multiplex with Durie-Salmon stage IIIA, IgA type. The patient was treated with six cycles of VAD plus bisphosphonates followed with radiotherapy of the right femur, then until the May of 2012.y he was treated with Tal–Dex protocol achieving remission of disease. Response maintained until December 2014.y when patient complained the pain in left hemiabdomen. CT scan of abdomen revealed a 82x94 mm expansive inhomogeneous mass expanded from medial curvature of left kidney, with pyelon compression, also vessels compression and extension to peripancreatic and periaortic areas, and caudal communication with m.illiopsoas. Biopsy of the mass had been performed and confirmed diagnosis of plasmacytoma. Following this unexpected diagnosis, various examinations were performed including bone marrow aspiration, but there was no evidence of systemic plasma cell disease. taking in consideration his comorbidity (cardiovascular patient with arrhythmia and DM type 2) and due to involvement of the surrounding tissues up to the psoas muscle and following multidisciplinary team discussion, it was decided that initial management was applying chemotherapy. His renal function was intact. He was treated with six cycles CTD protocol without response, than with four cycles of Vel-Dex protocol making progression of disease. CT scan in November 2015.y. showed enlargement of the mass up to 201x 112 mm. We decided to apply new therapy modality with Ribomustin–Pronison therapy and after III cycles we have the satisfactory response with reduction of the mass to 53 mm. We plan to go on with 3 more cycles, than to make new estimation of therapy response. Conclusion: There are no guidelines for the treatment of renal plasmacytoma. Treatment modality include surgery, chemotherapy and radiotherapy, either alone or in combination. Optimal treatment strategies are difficult to formulate because of the rarity of the tumors. At present, there is no standard treatment for extramedulare plasmacytoma involving the kidney, but the current experiences of treating indicate that combined surgery and radiotherapy is an accepted treatment, depending on the resectability of the lesion. In case of none resectable lesion chemotherapy approach may be therapy option like in our patient.