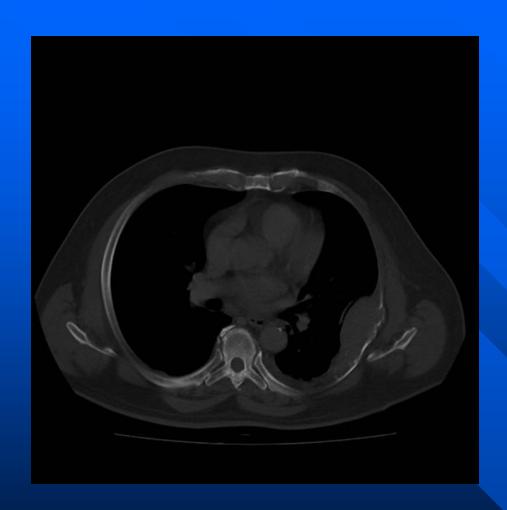
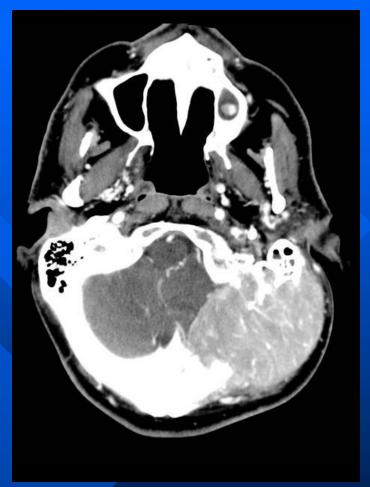
## Plasmacytoma

- Solitary tumors of neoplastic monoclonal plasma cells in either bone or soft tissue (extramedullary).
- Rare tumor
- Minimal or no systemic bone marrow involvement
- Solitary plasmacytomas can be divided into two groups according to location:
  - Solitary bone plasmacytoma (~70%)
  - Extramedullary plasmacytoma (~30%)
- Progression rate to multiple myeloma is higher in solitary bone plasmacytoma (65-85% at 10 years) than extramedullary plasmacytoma

## Plasmacytoma

- Can arise in any part of the body.
- Solitary bone plasmacytoma arises from the plasma cells located in the bone marrow,
- Extramedullary plasmacytoma is thought to arise from plasma cells located in mucosal surfaces.
- Both represent a different group of neoplasms in terms of location, tumor progression, and overall survival rate.
- Both do, however, share many of the biologic features of other plasma cell disorders









## Extraosseous plasmacytoma

- Less common form of solitary plasmacytoma, manifesting as isolated plasma cell tumors located at a non-osseous site.
- In contrast to multiple myeloma, solitary plasmacytomas have little or no systemic bone marrow involvement.
- They most commonly occur in the head and neck
  - mostly involving sinuses, nasopharynx, oropharynx
- Rarely in the digestive tract, lung, or extremities.
- Hyperamylasemia may be an associated findin

## Extramedullary plasmacytoma



Cross-sectional imaging demonstrates non-specific, well-circumscribed or infiltrative, homogeneously enhancing soft tissue masses or lymphadenopathy.

There may be a mass effect on other adjacent structures such as vessels, or there may be an invasion of adjacent organ

