

# Chest wall plasmacytoma/Plasmocitoma de la pared torácica

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## TO EDITOR

Primary bone tumors of chest wall are rare, and near 50% are malignant.<sup>1,2</sup> Solitary plasmacytoma is a rare condition that may affect bones or soft tissues, and can evolve to overt multiple myeloma if not early detected and controlled.<sup>1,2</sup> Bone plasmacytoma often occurs in vertebrae, femur, iliac, sternum and ribs, and the outcomes are usually favorable if treated by surgery or radiotherapy.<sup>1,2</sup> Authors call attention to differential diagnosis, including metastasis, sarcoma, lymphoma, neuroectodermal and giant cell tumors, histiocytoma, chondroma, chondroblastoma, fibroma, fibrous dysplasia, and lipoma and bone infarction.<sup>2</sup>

Arévalo-Zamora *et al.* described a 55-year-old man with long standing chest pain due to an unsuspected solitary plasmacytoma of the sternum, which was diagnosed by typical histology findings in bone marrow biopsy; in addition to normal levels of serum immunoglobulins and kappa and lambda light chains.<sup>1</sup> These features were consistent with the diagnosis of solitary plasmacytoma; and, in addition, the possibility of coexistent multiple myeloma was ruled out.<sup>1,2</sup> The authors emphasized the lack of consensual procedures—either surgery or radiotherapy, for the best management of this scarcely reported condition.<sup>1</sup> They substituted the sternal body by a biological mesh, plus titanium bars; radiotherapy was utilized to treat a residual lesion showed by control images.<sup>1</sup> The authors believe that the approach reduces complications, yielding good quality of life;<sup>1</sup> therefore, their case report should stimulate confirmatory studies.

In this setting, I would like to comment the report by Santos *et al.* about rib plasmacytoma and overt multiple myeloma in a 65-year-old Brazilian woman.<sup>2</sup> The patient with uncontrolled hypertension and type 2 diabetes, had severe anemia, heart insufficiency, renal failure, hypercalcemia and hyper viscosity.<sup>2</sup> Further investigations showed monoclonal IgA/Kappa, 51% of plasmacytes in bone marrow, highly elevated beta-2

micro globulins, and a solitary osteolytic lesion disclosed in the right fourth rib by images of the computed tomography.<sup>2</sup> Unsuccessfully, the patient underwent three sessions of plasmapheresis and dexamethasone to control the hyper viscosity manifestations; after initial improvement, the patient died because of irreversible pulmonary acute edema. This debilitated old woman was considered to have a long standing undetected solitary rib plasmacytoma that might have evolved to a generalized myeloma.<sup>2</sup> The authors emphasized diagnostic challenges related to the co morbidities and the role of late diagnosis of plasma cell malignancies in the present case study.<sup>2</sup> Should the diagnosis of rib plasmacytoma be established in an earlier phase, the outcome of the patient would be favored by surgery and radiotherapy.<sup>1,2</sup>

The commented reports may enhance the suspicion about this rare bone tumor, and call attention to biological mesh plus titanium bars as good options.

## REFERENCES

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## Atentamente

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