EXTRAMEDULLAR SOLITARY PLASMACYTOMA of the HEAD and NECK - TREATMENT & FOLLOW-UP

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Introduction

Plasmacytomas are neoplasms of the plasma cells characterized by the uncontrolled proliferation of plasmocytes. It occurs in about 1,4/1,000,000 habitants, usually between 50-70 years. Plasmacytomas were first reported by Schiridde in 1965 (plasmacytoma of the nasal fossa). They are classified in two groups, medullar (disseminated form - 90%) and extramedullar (10%), with (70%) or without (30%) bone infiltration (located form). Extramedullar plasmacytoma of the head and neck is an uncommon plasma-cell neoplasm which can be solitary (80%) or multiple (20%), located frequently in the upper airway soft tissues (80%). The etiopathogenesis is unknown. The diagnosis of solitary extramedullar plasmacytoma is histological and the presence of systemic disease is excluded by performing clinical, histological (bone marrow biopsy) and radiological investigations. Regional lymphadenopathy occurs in about 10-20% of the patients and progression to Multiple Myeloma occurs in about 15-20% of the cases. The aim of this study is to evaluate in our population the management (diagnostic and therapeutic) and follow-up of extramedullar plasmacytoma of the head and neck.

Materials & Methods

The authors report a retrospective study (1984-2007) and a prospective study (2000-2007) in a population of 11 patients (10M/1F, age 32-69 years, median age of 56.4) with extramedullar plasmacytoma of the head and neck, all classified (Willis) in group III (91% stage I - 9% stage II). All of these cases satisfied 3 criteria: histological diagnosis of plasmacytoma; normal myelogram and bone biopsy; absence of lytic bone lesions or disseminated disease.

The tumour location in our cases was as follows: maxillary sinus (3); nasopharynx (3); nasal fossa (2); maxillary sinus (2); nasal fossa (2); larynx (2).

Partial remission was considered in cases of lesion regression >50% and <100%, and complete remission when total clinical, radiological and histological resolution of the disease was achieved.

Results/Discussion

Six patients (nasopharynx-3; maxillary sinus-2; larynx-1) were treated with isolated radiotherapy. Four patients (nasal fossa-1; maxillary sinus-1; nasal fossa/maxillary sinus-1; larynx-1) with surgery and adjuvant radiotherapy and 1 patient (nasal fossa/maxillary sinus) with radiotherapy and surgery.

Radiotherapy

- Isolated - 50 Gy (1.8 a 2 Gy/day)
- adjuvant - 46 Gy (1.8 a 2 Gy/day)

Surgery

- Paralaryngoscal
- Caldwell-Luc
- Medial thyrotomy approach

Plasmacytoma of the larynx

68 year old male, hoarseness, dispneia. Histological diagnosis and treatment with isolated radiotherapy in 1999.

Partial remission (>50%) 7 years survival (without systemic disease or tumor recurrence) in a regular follow-up basis.

Before treatment

Plasmacytoma of the nasopharynx

 Before treatment

58 year old male with complete bilateral nose obstruction, epistaxis and mucous nasal discharge since 2002.

Treated by isolated radiotherapy (2002).

Partial remission (>50%).

Four years survival (without systemic disease or tumoral recurrence) in a regular follow-up basis.

Conclusion

Although the natural history of these tumors and their treatment are not clearly defined, the results in our population show the importance of radiotherapy isolated or in association with surgery. The authors suggest that a multidisciplinary approach in diagnosis and long-term follow-up (4/4 months) is imperative. Despite the small population, in all cases that did not achieved total remission, the radiotherapy effects were noticed, as a progressive reduction of the lesion, for at least 4 years. This conclusion underlines the importance of a long term follow-up.