

## Images in clinical medicine



# Mediastinal plasmocytoma with multiple myeloma: unusual presentation

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## Mediastinal plasmocytoma with multiple myeloma: unusual presentation

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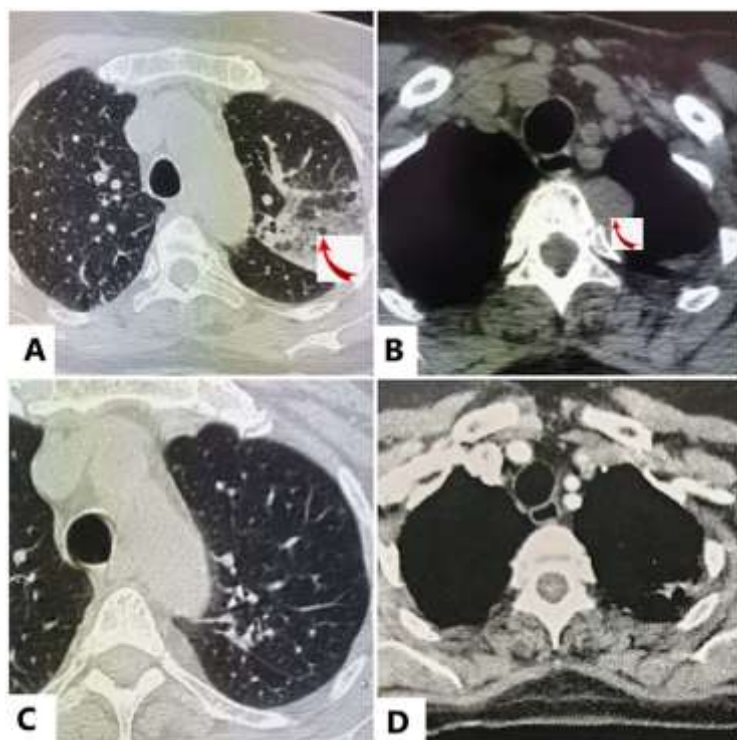
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## Image in medicine

We report a rare case about a 60 years old Moroccan woman with a past medical history of gastrointestinal tuberculosis, admitted to the emergency department with fever, coughing, weight loss, Spontaneous sternum fracture, back and chest pain. A physical examination revealed diffuse bone pain on palpation. Laboratory testing revealed anemia at 9 g/dl, high serum viscosity (80 mm/h). C reactive protein at 100 mg/l. Serum protein electrophoresis showed monoclonal spike (30 g/dL) in the gamma zone. Serum immunofixation study revealed an IgG lambda monoclonal paraprotein. Serum free light chains (kappa/lambda ratio: 0.04). Total protein level (88g/L). Twenty-four proteinuria was negative, complete metabolic panel, blood calcium and serum creatinine were normal. Bone marrow

aspiration was performed and showed mature and dystrophic plasma cells at 38%. CT scan of the chest revealed left broncho-pulmonary focus associated to a sternal fracture (A), mediastinal tissue mass of superior and posterior mediastinum of 30mm diameter (B), scanner-guided biopsy confirmed plasmocytoma, bronchoscopy with biopsy which objectified an inflammatory lesion. Hematological assessment concluded to mediastinal plasmocytoma with multiple myeloma Ig G Lambda. The Revised International Staging System is at 2. The patient received empirical antimicrobial therapy with good response, then she was treated with VTD protocol (bortezomib, thalidomide and dexamethasone), achieving complete remission followed by autologous stem cell transplantation (C,D). Consolidation therapy and maintenance are planned to maintain remission.



**Figure 1:** A) computerised tomography of the chest: lung window showing left bronchopulmonary focus; B) computerised tomography of the chest with axial section showing mediastinal tissue mass of superior and posterior mediastinum, of 30mm diameter, adjacent to T2, well limited, homogeneous, without bone lysis, calcifications or necrosis; C) computerised tomography of the chest after treatment: disappearance of lung bronchopulmonary focus; D) computerised tomography of the chest after treatment: disappearance tissue mass of mediastinum