Case Report

Extramedullary Plasmacytoma of the Tonsil

Kevin C. Huoh, Annemieke Van Zante, and David W. Eisele

1 Department of Otolaryngology-Head and Neck Surgery, University of California, San Francisco, CA 94115, USA
2 Department of Pathology, University of California, San Francisco, CA 94143, USA

Correspondence should be addressed to Kevin C. Huoh, khuoh@ohns.ucsf.edu

Received 4 July 2011; Accepted 28 July 2011

Academic Editors: Y. Baba, J. I. De Diego, R. Mora, M. B. Naguib, and H. Sudhoff

Copyright © 2011 Kevin C. Huoh et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Plasma cell tumors are a diverse group of neoplasms characterized by monoclonal proliferation of plasma cells. Extramedullary plasmacytoma (EMP) is a rare form of localized plasma cell tumor that arises most often in the head and neck region. We present an unusual case of EMP of the palatine tonsil from a tertiary care university hospital. We discuss the histopathologic and radiologic evaluation as well as treatment of EMP.

1. Introduction

Extramedullary plasmacytoma (EMP) is a rare plasma cell neoplasm that occurs predominantly in the upper aerodigestive tract [4]. Most lesions of the head and neck occur in the sinonasal region [1]. Our patient presented with isolated disease of the palatine tonsil which is rare. In a previously reported single-center series of 68 patients with EMP of the head and neck, only 13 cases occurred in the oropharynx [2]. A larger retrospective analysis found 10.5% of 714 cases occurred in the palatine tonsil [5].

While inhalant exposure has been proposed as a risk factor for EMP of the head and neck, evidence to support this has been inconclusive [4]. Patients with EMP of the tonsil present with symptoms referable to unilateral tonsil...
Histologic examination of EMP usually shows a monotonous infiltrate composed of discohesive plasma cells characterized by eccentrically placed round nuclei with coarse clumpy chromatin. Immunohistochemical staining reveals reactivity for either the lambda or kappa immunoglobulin light chain and establishes monoclonality [1, 4, 5].

Treatment approaches include surgery and/or radiation therapy [3]. EMPS respond well to radiation therapy and some advocate use of radiation as primary treatment [3, 4]. When disease is localized and amenable to complete resection, surgery is advocated. In our case, the lesion was easily accessible, and complete surgical removal was accomplished. Long-term posttreatment surveillance is recommended as recurrent disease and progression to disseminated plasma cell myeloma can occur [5].

References