

# PLASMACYTOMA OF THE SPINE, A RARE SPINE TUMOUR : A CASE REPORT

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## INTRODUCTION

Majority of spinal tumours are metastasis with less than 10% are primary tumours from the vertebral column. Multiple Myeloma and plasmacytoma make up to 26% of primary vertebral malignancy. Plasmacytoma is an hematological malignancy that originates in the bone.

## CASE REPORT:

We report a case of a 38 years old man, who presented with acute low back pain, instability and conus medullaris syndrome from a 1 meter fall. Computed tomography (CT) and magnetic resonance imaging (MRI) detected a pathological fracture of L4 vertebra with presence of lytic lesion. Other investigations confirmed a solitary lesion. Urgent decompressive laminectomy debulking of tumour and posterior stabilization (L2-S1) was performed by spine team. Histopathological examination of the tumour revealed a plasmacytoma. Patient was diagnosed with solitary plasmacytoma and chemotherapy was started by the hematologist.

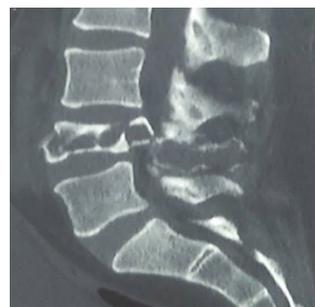
## DISCUSSIONS:

Plasmacytoma is considered to be a solitary form of multiple myeloma typically found in the vertebral bodies of the thoracic and lumbar spine in patients with average onset age of 50 years.<sup>1</sup> Men are slightly more likely than women to be affected. Although progression can be rapid, indolent course can be expected in younger patients. Vertebral plasmacytoma has been reported as a poor prognostic factor compared to other sites. Clinical findings may include backache, radiculitis, or even paraplegia caused by spinal cord compression.<sup>1</sup> Solitary plasmacytomas present on radiographs as a septated or expansile lesion, or combination of the two, instead of purely lytic 'punchout lesion'.<sup>1</sup>

**FIGURE 1: Intraoperative removal of tumour Legend**



**FIGURE 2: Tumour showed lytic, septated, extension into posterior elements**



Other imaging modalities such as scintigraphy, or PET scan are very sensitive detecting plasma cell pathology. Treatment with the combination of radiation and surgical resection is the most common treatment.

## CONCLUSION:

Surgical management of plasmacytomas is advised in cases involving significant pathological fractures, cord compression, and/or instability contributing severe neurological deficit.

## REFERENCES:

1. Resnick D. 4th ed. Saunders; Philadelphia, PA: 2002. *Diagnosis of Bone and Joint Disorders*. [1040, 2203-2204, 2258-2259, 2303-2304, 3786-3796, 4274-4351]