



SKIN CANCER (OTHER THAN MELANOMA)

TRICKY PINK NODULE – A CASE REPORT OF CUTANEOUS PLASMOCYTOMA

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Background: Multiple myeloma (MM) also called a plasma cell myeloma is a monoclonal gammopathy which is a result of uncontrolled hyperproliferation of B cells. The neoplasm of plasma cells generally affects elderly people, with male predominance. MM is usually asymptomatic until bone pain, bleeding, anaemia, renal complications and frequent infections occur. Extramedullary plasmacytoma is extremely rare and primary cutaneous plasmacytomas comprise only 2%–4% of these cases.

Observation: We present a case of a 80-year old female patient who was admitted to the Outpatient Clinic at our Department with small, pink nodule on dorsal surface of left hand. The nodule did not cause any other subjective symptoms. Dotted vessels on pink background were seen on dermoscopic examination. Skin biopsy revealed an abundant infiltration of the dermis by plasma cells with coexistence of IgG kappa chain-positive cells demonstrated with immunohistochemistry CD138+. Serum protein electrophoresis was normal. Haematological and biochemical tests as well as the chest, cranium and spine X-rays, abdomen ultrasonography were normal. Monoclonal IgG with kappa heavy chain was present in serum immunofixation. Bone marrow biopsy was performed - no signs of malignancy were revealed. A diagnosis of primary solitary cutaneous plasmacytoma was made. After few months later a new similar pink papule was detected on the dorsal surface of patient's left hand, which consider to be metastasis. Patient undergoes radical radiotherapy of two skin lesions

Key message: Differential diagnosis of amelanotic skin lesions should also consider primary cutaneous plasmacytoma. Skin biopsy should be performed in there is any doubt in the diagnosis of pink nodules.

