Solitary Extramedullary Plasmacytoma of Uterine Cervix

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Introduction

- Extramedullary plasmacytoma (EMP) are rare [Gautam 2017, *J Clin Diagn Res,* 11(4)]
- It is defined by the presence of localised plasma cell neoplasm outside the bone and bone marrow cavity
- It constitutes about 3-5% of all plasma cell neoplasms
- Solitary EMP of the female genital tract are very rare with only few such cases reported sporadically over the last few decades [Sun 2012, *Eur J Gynaecol Oncol*, 33(4):423-4]
- An estimate of 30% to 50% of patients with EMP progress to develop multiple myeloma [Huang 2008, *Singapore Med J*, 49(12)]

Objective

- The purpose of this case report is to highlight the challenges in identifying and managing solitary EMP in the female genital tract

Case Description

We report the case of a 44 year old Caucasian woman (Gravida 2, Para 0) who presented with a 6 months history of irregular menstrual bleeding and an incidental 1cm cervical polyp. Cervical polyp was removed and sent for histological analysis. The initial impression was that of dysfunctional uterine bleeding to which she was offered either a contraceptive pill or a Mirena coil. The histology report however concluded that the morphologic and immunophenotypic features are of a solitary plasmacytoma or myeloma. She underwent further investigations to exclude a non secretory myeloma or an additional plasmacytoma including routine blood tests, serum free light chains, serum protein electrophoresis, bone marrow aspiration, and a whole body diffusion weighted Magnetic Resonance Imaging (MRI) which were all negative. A combined pathology and radiology multi-disciplinary team (MDT) discussion were held which concluded that it was a solitary plasmacytoma of the cervix with no evidence of underlying myeloma or monoclonal gammopathy of unknown significance (MGUS). A prophylactic hysterectomy was recommended by the MDT as radiotherapy to the cervix would not be appropriate. However, this recommendation was declined by the patient as she was actively trying to conceive. She continues to be monitored by the Haematology team for development of MGUS and will also be kept under regular surveillance in the Gynae-Oncology Colposcopy clinic.

Discussion

- Extramedullary plasmacytoma may originate at any site but uterine cervix is rarely the primary site
- Clinical symptoms are often nonspecific and may present as irregular vaginal bleeding and examination findings maybe of cervicitis or lesions such as polyp as in this case
- The differential diagnosis of multiple myeloma should be excluded by tests such as serum electrophoresis and bone marrow biopsy
- Review of literature revealed treatment options included surgical excision, radiotherapy and chemotherapy
- In most reports on EMP, nearly all patients successfully achieve local control
- However about 30%-50% of patients will develop disease progression to myeloma.

Conclusion

- Due to limited published data and the rarity of this disease, there is currently no known guideline for when and how to monitor these patients, the goal standard treatment and the prognosis of the disease
- Such cases should be managed in a multidisciplinary manner in order to evaluate the optimal treatment and long term follow up