

Gastric localization of multiple myeloma

A 68-year old woman was referred to our hospital because of epigastralgia, nausea and approximately 8 Kg weight loss in the last few months. Multiple myeloma IgG κ had been diagnosed three years earlier and treated with melphalan and prednisone. At the time of admission physical examination was normal; laboratory findings showed a hemoglobin of 10.9 g/dL, ESR of 88 mm/h and a prominent monoclonal spike IgG κ in the serum. A gastrointestinal endoscopy was performed revealing multiple ulcerated masses in the body of the stomach that were biopsied. Light microscopy observation of the biopsies revealed marked infiltration of the gastric mucosa by plasma cells¹ [Figure 1: A (a and b), B1 and B2 (a and b)]. Chemotherapy with vincristine, doxorubicin and dexamethasone was initiated but the patient died of a massive hematemesis.

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References

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Figure 1. A, B1 and B2: Microscopic features of gastric localization of multiple myeloma; a: gastric propria mucosa (May-Grünwald-Giemsa, $\times 40$); b: diffuse plasma cell infiltration in the stomach (May-Grünwald-Giemsa, $\times 40$).

