

Immunoglobulin D plasmacytoma carrying aberrant expression of CD33 associated with aggressive visceral involvement

Although neoplastic plasma cells rarely express myeloid antigens, the presence of myeloid antigens in myeloma cells might have an adverse prognostic implication. Here, we present the case of a patient with immunoglobulin D type myeloma who had a huge intra-abdominal plasmacytoma (Figure 1C). The plasmacytoma directly invaded the duodenal wall (Figure 1B) and expressed the additional myeloid antigen, CD33, which was not found in the initial medullary lesions (Figure 1A). Our case may support the recent speculation that aberrant myeloid antigen expression might endow neoplastic plasma cells with the unique profile of extramedullary involvement.¹

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References

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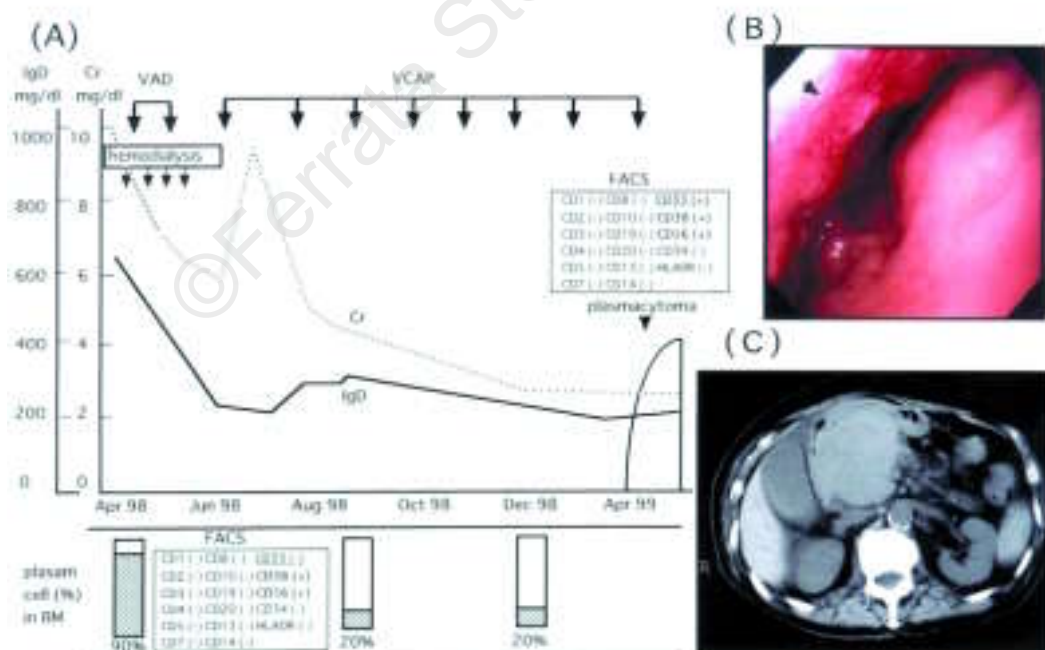


Figure 1A. Clinical course of the patient. VAD: vincristine, doxorubicin and dexamethasone, VCAP: vincristine, cyclophosphamide, doxorubicin and prednisolone, FACS: flow cytometric analysis of cell surface antigen. Figure 1B. Endoscopic examination demonstrated ulcerative tumor invasion (arrowhead) in the duodenum. Figure 1C. Unenhanced computed tomography showing a huge abdominal mass.