Multiple Myeloma Presenting as a Suprasellar Plasmacytoma

A 62-year-old male presented with headache, projectile vomiting and blurred vision of 6 months duration. Fundus examination showed papilloedema. CT scan brain (Figs. 1,2) showed a well-defined hyperdense strongly enhancing mass lesion involving the sphenoid sinus, destroying the dorsum sella and clivus. Transnasal biopsy of the sellar lesion showed a plasma cell neoplasm. Other investigations revealed normal hemogram, serum calcium of 11.5 gm/dl, total proteins of 10 gm%, globulin 6.8 gm% and beta 2 microglobulin of 4.3 mg/l. Serum immunoelectrophoresis showed IgG of 5570 mg/dl. M band was present. Urinary Bence Jones protein was positive. Skeletal survey showed destroyed sella with punched out lesions in the skull, lytic lesions in 6th cervical vertebrae, left pubic ramus and ischial tuberosity. Bone marrow study showed 37% plasma cells. Final diagnosis was suprasellar plasmacytoma in a case of multiple myeloma (MM). He had a partial response following 3 cycles of Melphalan and Prednisolone.

MM is a plasma cell disorder usually seen in older age group, accounting for 14% of all hematological malignancies. It is characterized by infiltration of the bone marrow and soft tissues; bone destruction, with production of monoclonal immunoglobulins with or without light chains. Neurological symptoms are due to a direct manifestation or immune effect of monoclonal proteins directed against different neural structures. Metabolic complications like uremia, hypercalcaemia and hyperviscosity may also give rise to neurological symptoms. Intracranial plasmacytoma are rare lesions that can arise from the calvarium, dura or cranial base and exhibit a benign course unless associated with MM. Definitive treatment of solitary intracranial plasmacytoma is surgery/radiation. Treatment of intracranial plasmacytoma associated with MM is chemotherapy along with radiation and is associated with worse outcome.

G Biswas, R Bhagwat, R Khurana, N Prasad, PSRK Sastry, PM Parikh
Department of Medical Oncology, Tata Memorial Hospital, Parel, Mumbai, India -400012.
Received : 21.8.2004; Accepted : 30.11.2004