

# Intussusception secondary to gastrointestinal plasmacytoma

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### Introduction

According to World Health Organization [1], two groups of plasma cells tumour are identified, namely multiple myeloma and plasmacytoma. Plasmacytoma are classified into bone plasmacytoma and extramedullary plasmacytoma. Extramedullary plasmacytoma is rare, mostly occurring in the oral cavity and upper airways [2]. Around 10% are found in the gastrointestinal tract [3, 4]. Only seven cases of isolated primary plasmacytoma of colon are found in the literature.

### Case presentation

A 66 year-old man presented with persistent loose stool (four times a day, yellowish), right hypochondriac and lumbar pain for the past one month, associated with significant weight loss and anorexia for 2 months. On physical examination, he appears cachexic, abdomen was distended but not guarded, and a smooth, non-tender right hypochondriac mass extending to the right lumbar region was palpable. Blood investigation showed microcytic hypochromic anaemia with haemoglobin of 9.7g/dL

Abdominal ultrasonography revealed a right upper quadrant hypoechoic mass with abdominal lymphadenopathy while, colonoscopy could only be performed up to distal descending colon, where a stricture was seen. Barium Enema however, showed bowel mass with intussusception and CECT abdomen highlighted an enhancing mass in the right lumbar region with a 'whirl-pool' appearance.

He underwent a right hemicolectomy revealing a right ileocaecal intussusception with a malignant looking caecal tumour.

Histopathology report confirmed intestinal plasmacytoma. He recovered well post-operatively and was counselled for chemo radiotherapy.

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**Figure 1. Ileocolic intussusception - intraoperative**



**Figure 2. Ileocolic intussusception- ex vivo**

### Discussion

Extramedullary plasmacytoma are scarcely seen. It usually accompanies multiple myeloma. Only very few primary gastrointestinal plasmacytoma are found at present, hence, no well-defined treatment guideline is available. In several case reports, plasmacytoma of gastrointestinal tract are treated by surgical resection. As the number of solitary plasmacytoma of colon is scarce, the natural history, treatment and prognosis is not well outlined [6]. Nevertheless, some of these tumours are

found to be radiosensitive, and radiotherapy has been advocated instead of surgery for rectal tumours [5]. Chemotherapy has also been used in cases of associated systemic disease.

### Conclusion

Even though these tumours are rare, treating doctors including radiologists and pathologists must be aware of this disease as these are known to occur in non-osseous sites. Colonic plasmacytoma may even mimic a stricture.

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### Learning Points:

- Solitary intestinal plasmacytoma is a very rare disease entity
- Surgeons, physicians and radiologists need to be aware of this rare disease to accurately diagnose these patients
- There is no management guidelines found and treatment is based on expertise and the scarce experience.