CLINICAL RECORDS

PLASMOCYTOMA OF LARYNX

By G. O. CLARK (Aberdeen)

PLASMOCYTOMA is an uncommon tumour of the soft tissues of the upper respiratory tract, and as an intrinsic tumour of the larynx is of extreme rarity, either as a solitary tumour or as a manifestation of multiple myelomatosis. Mathieson (1956), in a recent article, could quote only three instances of laryngeal involvement. Ewing and Foote (1952), in reviewing the subject of plasma cell tumour of the mouth and upper air passages, found one third of the cases to be generalized at onset, and considered that solitary and multiple forms were but two stages in a single disease process, there being no sharp line of demarcation between localized benign plasmocytoma on the one hand and malignant fatal multiple myeloma on the other. Accordingly the investigation and follow up of any case has to include both consideration of the local lesion and the possibility of concurrent or subsequent multiple lesions.

Case Report

Mrs. A.F., aged 60, was seen on *July 2nd, 1956*, complaining of recurrent hoarseness, dyspnœa and dysphagia over the past two to three years. On indirect laryngoscopy a large soft polyp was seen to fall between the vocal cords on attempted phonation. It appeared to originate from the ventricle on the right side. Direct laryngoscopy was carried out under general anæsthesia, a small endotracheal tube passed posteriorly to the tumour. The tumour was grasped with heavy laryngeal forceps and avulsed "in toto". Removal appeared to be complete and to include some normal ventricular mucosa. Bleeding was brisk but soon controlled. The removed tumour was 1 cm. by 1·5 cm. (Fig. 1).

The pathological report stated that the polypoid lesion consisted of a neoplasm growing in the submucosa and constituting the main mass of the polyp. It was cellular in formation with numerous areas of cystic degeneration and colliquative necrosis. The individual cells were strikingly uniform and of distinctly plasma cell type, although there was an admixture of undifferentiated cells of reticulum type. The general configuration of the lesion, together with the presence of numerous giant and multinucleate cells, left no doubt that the lesion was neoplastic, namely a plasmocytoma (Fig. 2).

Further investigations were then carried out. Examination of the urine for Bence-Jones protein was negative. Estimation of the plasma proteins showed a total figure of 7·18 Gm. per cent. with an albumin-globulin ratio of 1·41:1. X-ray of skull, dorsal and lumbar spine, ribs and pelvis showed no abnormality. A full blood count was normal. Sternal puncture showed the marrow was of normal cellularity. Erythropœsis was normoblastic. There was no abnormality

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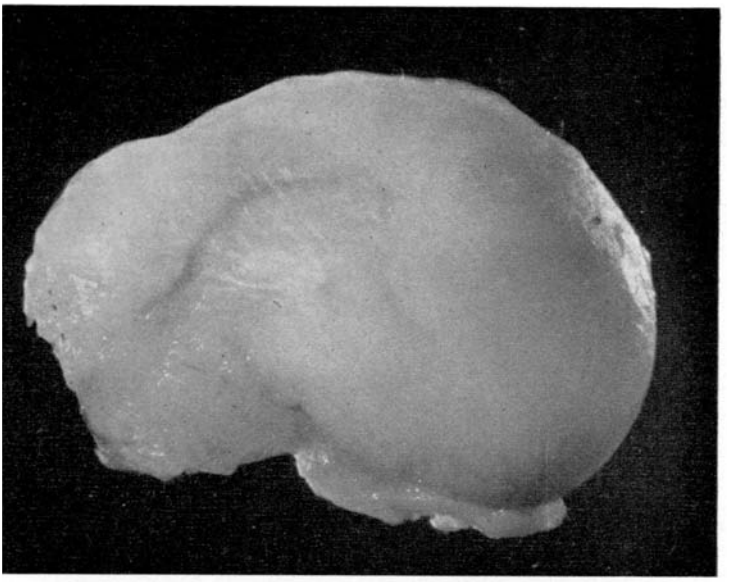


FIG. 1.
Showing general appearance of tumour. × 5·7.

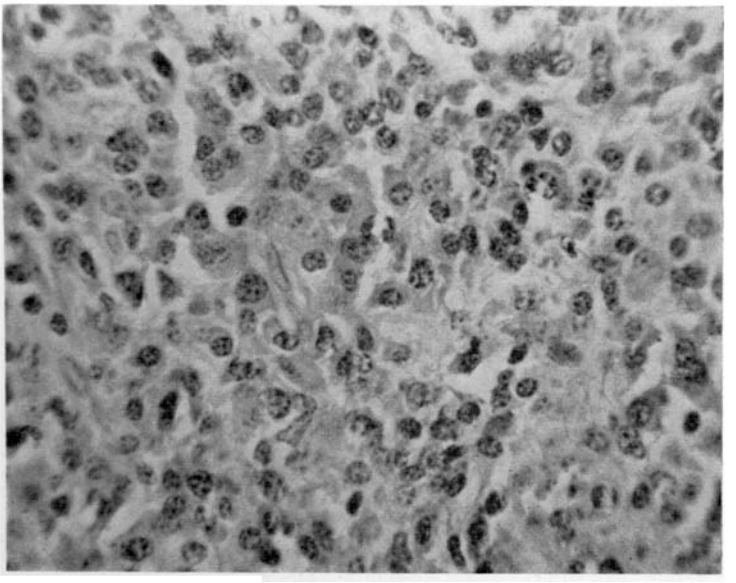


FIG. 2.
Showing large numbers of closely packed plasma cells. Hæmatoxylin and Eosin. × 280.

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of the white cell series and in particular no increase in the number of plasma cells.

There is, therefore, no evidence of any general dissemination at present, but a long term follow up, both for the possibility of any local recurrence and for any generalized myelomatosis, will be necessary.

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