Solitary plasmacytoma larynx

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Solitary plasmacytoma presenting as an intrinsic tumour of larynx is extremely rare. The only case treated at Irwin Hospital, New Delhi within a period of the last six years is being reported.

Case report

C, 45 years, female, was examined on 12 August 1968, for her complaints of hoarseness and increasing dyspnoea for the last ten months. Indirect laryngoscopy revealed a smooth, large pinkish polypoidal mass moving with respiration and falling in between the vocal cords on attempts to phonate. The supraglottic mass appeared to be arising from the right ventricle. Neck glands were not palpable.

Soft tissue X-ray of the neck showed a smooth mass overlying the glottic aperture (Fig. 1). Routine examination of the blood and urine were normal.

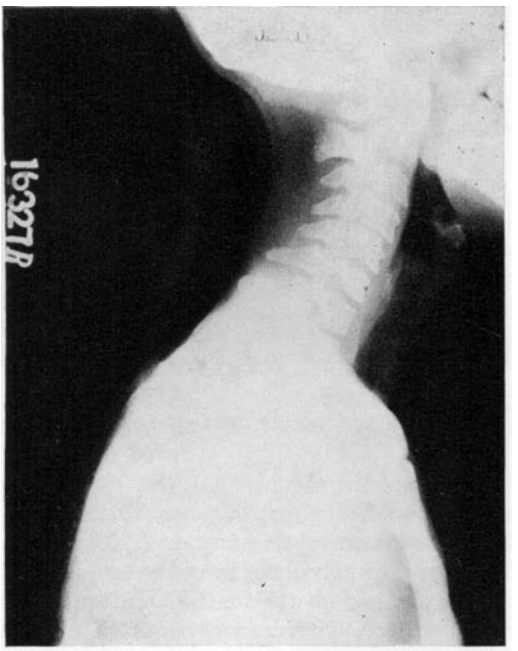


Fig. 1.
X-ray soft tissue neck showing smooth mass overlying the glottic aperture.

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Patient was admitted to hospital and tracheostomy was done. Later laryngofissure was performed under general anaesthesia and the whole mass along with a margin of healthy ventricular mucosa was removed. Bleeding was minimal and easily controlled.

The post-operative period was uneventful and patient was decannulated on fifth post-operative day. The removed mass measured 2 cm. × 1·2 cm. (Fig. 2).

Histopathological examination

Mass consisting mainly of plasma cells having small eccentric nuclei, some showing mitotic figures and chromatin at the periphery (Fig. 3). Picture compatible with plasmacytoma.

On seeing the histopathological picture of the tumour mass the patient was further investigated to rule out any generalized evidence of multiple myeloma.



FIG. 2.
Showing complete mass after removal.

Urine: Bence-Jones proteins absent.

Blood: Plasma proteins 6·8 gm. per cent. Albumin Globulin ratio 1·8:1.

Sternal smear: Normal normocytic picture.

X-rays: Skull, spine, ribs, pelvis and long bones normal.

The patient was discharged on the tenth day after operation and is having no recurrence or any other evidence of generalized manifestations over last 13 months.

Comments

Plasmacytomas, are familiar as the cause of the haematologic biochemical clinical complex which is multiple myeloma. In contrast to the plasmacytomas

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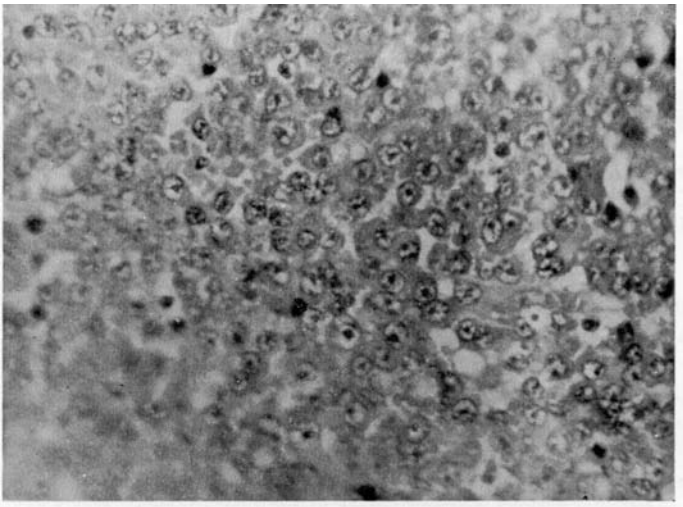


FIG. 3.
Microphotograph showing plasma cells with eccentric nuclei and occasional mitotic figures.

there are cases, far fewer in total numbers, in which the first overt manifestations of plasma cell proliferation is the development of a solitary soft tissue tumour. The term 'Extramedullary Plasmacytoma' has been reserved for such lesions (Anderson, 1967). Ewing and Foote (1952) believe that the benign plasmacytoma and fatal multiple myeloma are the two stages of the same disease process but such solitary tumours have been described as the plasmacytomas which neither recur nor disseminate.

Solitary Plasmacytomas are very rare tumours yet approximately 80 per cent of such tumours occur in the mouth and upper air passages. Hellwig (1943), reporting on the articles which appeared between 1905–1942, found only 127 such cases out of which 67 involved the air passage, while Korkis (1954) came across less than five cases a year.

Laryngeal involvement by solitary Plasmacytoma is all the more rare while nose and mouth are the common sites. Mathieson (1956) quoted only three instances of laryngeal involvement and Clark (1957) published a single case similar to one being reported here.

Biochemical features of multiple myeloma have not been demonstrated in localized, solitary plasmacytomas. Blood, urinary and X-ray findings offer a ready means of differentiation between the two. However, a long term follow-up is necessary for any recurrence, either local or general.

Summary

A case of solitary plasmacytoma larynx is reported and literature is reviewed in brief.

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