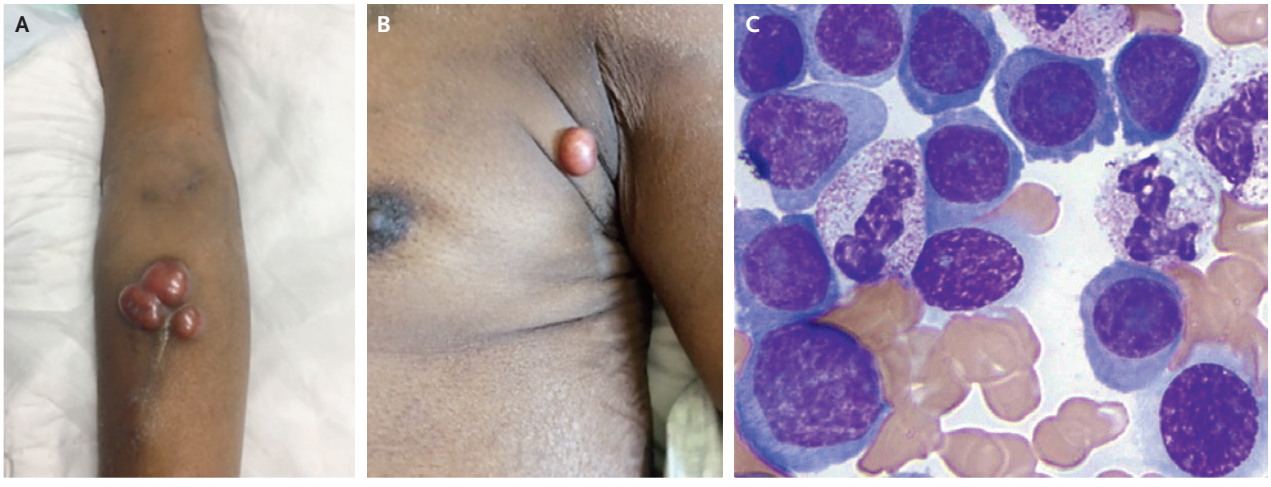
IMAGES IN CLINICAL MEDICINE

Chana A. Sacks, M.D., *Editor*

Plasmacytomas and Plasma-Cell Leukemia



A 63-year-old man with IgG lambda multiple myeloma presented with progressive weakness and fatigue. He had received the diagnosis of IgG lambda multiple myeloma 4 years earlier and had been treated with several regimens. Physical examination revealed multiple exophytic subcutaneous lesions involving the arms and legs (Panel A shows the right arm) and chest wall (Panel B). Biopsy findings in one lesion were consistent with plasmacytoma. Laboratory studies revealed a white-cell count of 33,500 per cubic millimeter (reference range, 4000 to 11,000), a hemoglobin level of 7.1 g per deciliter (reference range, 13.5 to 18.0), a platelet count of 11,000 per cubic millimeter (reference range, 150,000 to 400,000), a creatinine level of 1.6 mg per deciliter (140 μmol per liter; reference range, 0.7 to 1.5 mg per deciliter [60 to 130 μmol per liter]), and a calcium level of 13.2 mg per deciliter (3.30 mmol per liter; reference range, 8.4 to 10.5 mg per deciliter [2.10 to 2.62 mmol per liter]). A peripheral-blood smear revealed 25% plasma cells (Panel C, Wright–Giemsa stain). Plasma-cell leukemia was diagnosed. Plasma-cell leukemia is a rare and highly aggressive plasma-cell disorder that can manifest as a primary disease or after progression or relapse of multiple myeloma. The patient was unable to receive further therapy for plasma-cell leukemia because of the development of severe sepsis with multiorgan failure. After the patient spent several days in the intensive care unit, a decision was made to proceed with comfort care measures, and the patient died within a few days.

Uqba Khan, M.D.
Tarik Hadid, M.D.

St. John Hospital and Medical Center
Detroit, MI
uqba.md@gmail.com

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