

CONJUNCTIVAL PLASMACYTOMA IN A CHILD: RARE CASE PRESENTATION AND TREATMENT DILEMMA

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BACKGROUND & AIMS

Plasmacytoma is a plasma cell dyscrasia that presents as a solitary bony or soft tissue mass without systemic manifestations of multiple myeloma. It is a well described entity in adults with clear treatment guidelines. However, presentation as a solitary conjunctival mass is rare and occurrence in children is even less frequent. There are no clear treatment guidelines in this context.

We describe a case which highlights the treatment dilemma in managing a case of conjunctival plasmacytoma in a pediatric patient.

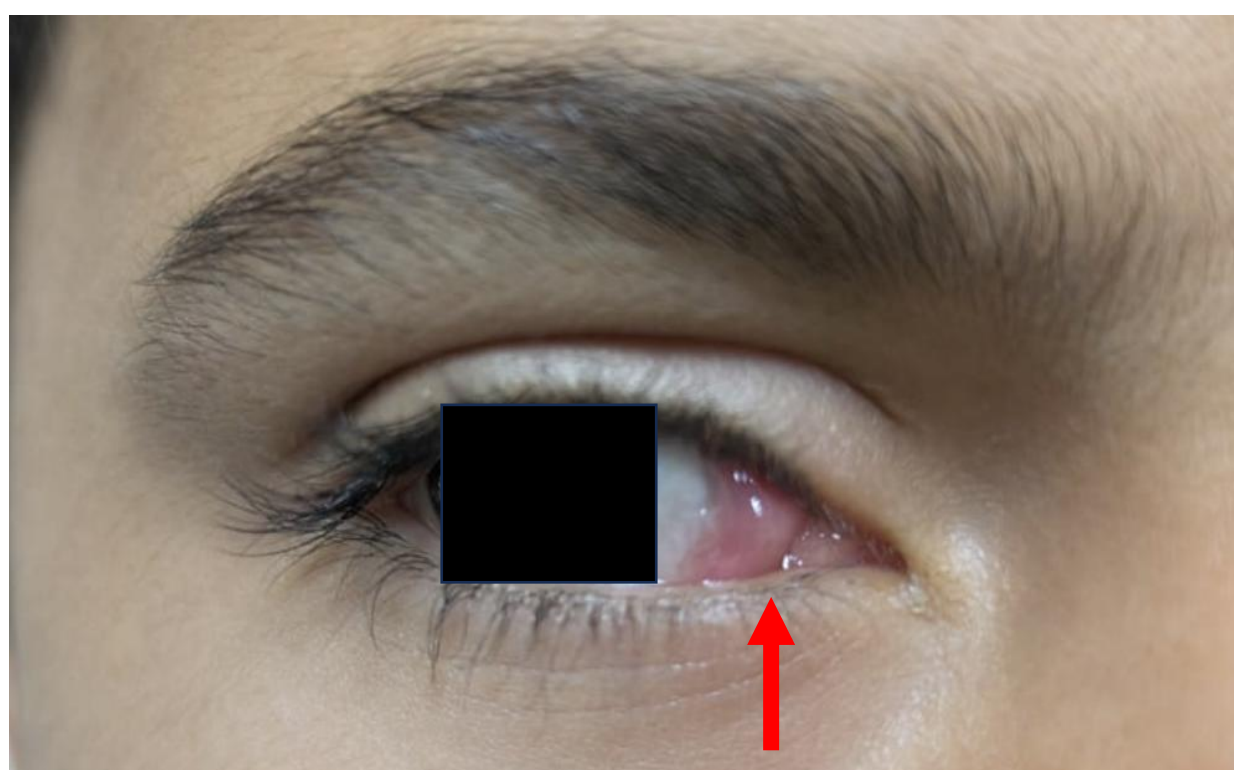


Figure 1: Small, conjunctival mass in the medial canthus of the right eye.*

Histopathology:

Gross: Received in formalin are two fragments collectively measuring 19 x 12 x 5 mm.

Microscopic: Section shows neoplasm composed of sheets of plasmacytoid cells having eccentric nuclei with stippled chromatin pattern. Cytoplasm is basophilic with perinuclear halo. Scattered mitoses are seen. Intra- and extra-cytoplasmic eosinophilic spherical bodies are seen.

Immunohistochemistry: CD138, Kappa, and Bcl2 positive in plasma cells; Lambda, CD20, and CD3 negative in plasma cells. Ki67 index 20%.

Final diagnosis:

Kappa-light chain restricted plasmacytoma

CASE PRESENTATION

An 8-year-old, previously healthy male, visited the local ophthalmologist with a complaint of swelling and irritation in the corner of his right eye. There was no change in vision reported. He had no other constitutional symptoms. On examination, the only finding was a small, 3 x 2 cm, mass in the medial canthus of the right eye (Figure 1). The mass was resected by the ophthalmologist and reconstruction performed with a mucosal graft.

Histopathology of the mass revealed a kappa light chain restricted plasmacytoma.

The patient was referred to the oncologist. In the oncologist's office, it was noted that mass had re-grown within a month. An extensive work-up was performed including whole-body PET CT, MRI of the orbit, serum protein electrophoresis and immunotyping, and bone marrow biopsy which were negative for any pathology. A re-excision of the mass was performed but surgical margins could not be determined due to piecemeal resection.

Treatment dilemma for the tumor board was that there was no possibility for contact radiotherapy, and the child was too young to start chemotherapy.

The patient was kept on close clinical follow-up and had no recurrence of disease for 20 months of follow up so far.

CONCLUSIONS

- Conjunctival plasmacytoma is a rare presentation in children.
- An extensive work-up for multiple myeloma is required in all cases.
- Re-excision should be attempted for any re-growth of tumors.
- For cases where radiation therapy or chemotherapy is not an option, close clinical follow up may be used.

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*Image used with consent of legal guardian. IRB approval obtained for this case report (SKM IRB EX-04-03-25-040)