

Extramedullary plasmocytoma mimicking Klatskin tumor.

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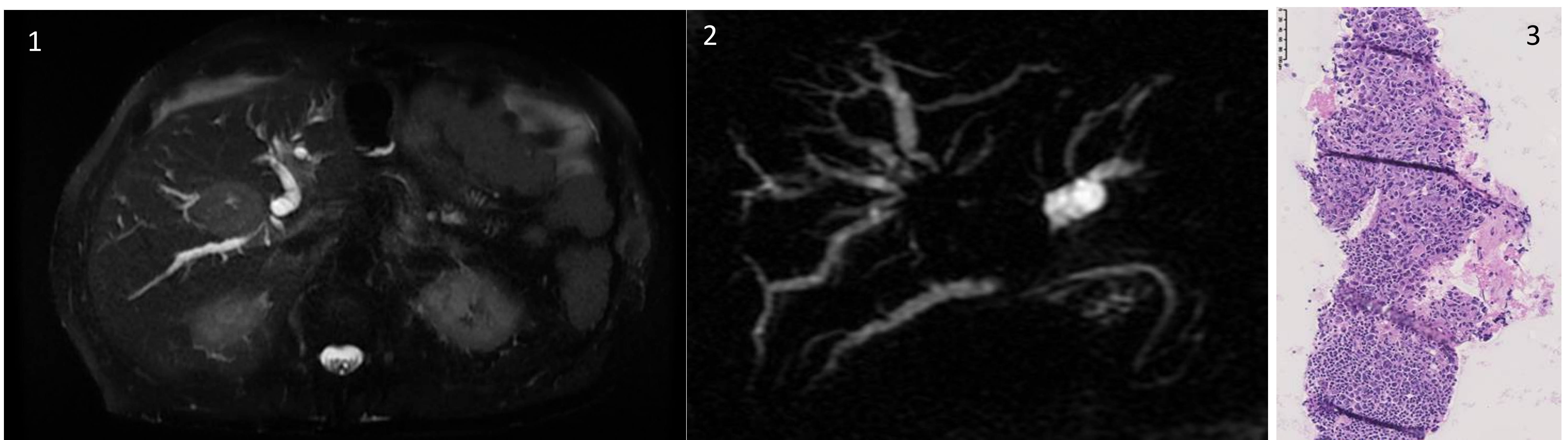
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BACKGROUND

Extramedullary manifestations of multiple myeloma (MM) are unfrequent, except in later stages of the disease and in patients harbouring an adverse cytogenetic risk. It can directly extend from bone into paraskelatal soft tissues or present as secondary plasmacytomas at a distant site. We report on the case of a patient who developed a liver mass, mimicking a Klatskin tumor.

CASE PRESENTATION

- A 74-year-old man has been diagnosed with a stage SD IIIA, ISS 3 **MM** based on the presence of multiple osteolytic lesions, a 92% atypical plasma cells infiltration of the bone marrow, and a 36 g/l monoclonal IgG-lambda level. Conventional cytogenetics revealed a **deletion (1p) and c-MYC rearrangement**.
- He achieved a partial response under a VMP (bortezomib-melphalan-prednisone) induction combination that was suspended after 7 cycles, because of a grade 2b polyneuropathy related to bortezomib. He rapidly progressed, started a second line therapy with **DRD (daratumumab-lenalidomide-dexamethasone)**, and obtained a **very good partial response**.
- At the initiation of the 5th cycle, we noted an unexpected **elevation of the liver enzymes**, predominantly cholestatic enzymes (AST 240 U/L, ALT 479 U/L, ALP 990 U/L and GGT 781 U/L).
- Ultrasound, and later MRI, identified a **60-mm nodular lesion of the liver hilum**, responsible for an upper biliary tract dilatation, **raising the suspicion of a Klatskin tumor**.
- Biopsy identified multiple clusters of atypical plasma cells consistent with the diagnosis of **extramedullary plasmacytoma**.
- In the mean time, the patient developed an **obstructive jaundice**, that requires a **percutaneous biliary stenting**. Unfortunately, he died within one month from an acute bacterial pneumonia.



Figures 1 and 2 – MR cholangiography showing the plasmocytoma located in the liver hilum, evoking a Klatskin tumor

Figure 3 – Biopsy showing atypical plasma cells, confirming the diagnosis of plasmocytoma

CONCLUSION

This case highlights the discrepancies we observed in the context of an adverse cytogenetic risk MM, where a VGPR status based on M-protein serum evaluation does not reflect the clinical behaviour of the disease, in the absence of free light chain escape.