


Editorial Comment

Editorial Comment to Extramedullary plasmacytoma of the ureter

Okada *et al.* reported a rare case of extramedullary plasmacytoma (EMP) in the ureter.¹ Plasma cells differentiate and mature from B lymphocytes, and produce antibodies that eliminate foreign substances such as viruses and bacteria. Neoplastic change of plasma cells is termed plasmacytoma, and EMP is a rare subtype without bone marrow involvement or other systemic characteristics of multiple myeloma. EMP is known to develop in the upper respiratory or gastrointestinal tract, accounting for approximately 80% of cases,² but ureteral EMP is markedly rare. Almost all urologists are considered to be unfamiliar with this rare disease, thus this case report and review by Okada *et al.* are highly informative for the readers to understand the clinical and pathological characteristics of this rare cancer.

This case report also contains another important suggestion for the preoperative evaluation of upper tract urothelial carcinoma (UTUC). UTUC is detected as a filling defect or contrast-enhancing mass on computed tomography (CT) urography. Although the diagnostic accuracy of CT urography for UTUC is reported to be very high,³ biopsy under ureteroscopy (URS) is still regarded as an important step for the definitive diagnosis of UTUC, followed by radical nephroureterectomy (RNU). The Japanese clinical practice guideline allows to omit URS and to directly perform RNU in cases that are positive on both imaging and voiding urine cytology.⁴ However, urologists may hesitate to perform URS, particularly for elderly patients, because it can cause pyelonephritis, cancer dissemination, and delayed surgical treatment. In this reported case, if preoperative pathological

diagnosis of EMP was possible, a kidney-sparing approach by radiation therapy may have been selected. I agree that diseases that are difficult to distinguish from UTUC are rare on the current imaging studies. However, omitting URS requires careful consideration of the risks and benefits, especially for patients with impaired renal function because RNU can lead to subsequent events associated with chronic kidney disease.

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Conflict of interest

The authors declare no conflict of interest.

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