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CLINICAL IMAGE

Cutaneous plasmacytosis: A rare initial presentation of idiopathic multicentric Castleman's disease

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Abstract

Cutaneous plasmacytosis could precede the development of idiopathic multicentric Castleman's disease (iMCD). If a patient is diagnosed with cutaneous plasmacytosis without systemic manifestations, clinicians should carefully follow up with the patient keeping in mind the potential for the development of iMCD.

KEYWORDS

cutaneous plasmacytosis, multicentric Castleman's disease

1 **CASE PRESENTATION**

A 69-year-old man presented with skin pigmentation that had gradually increased over 5 years. He also complained of anorexia and a low-grade fever for 2 weeks. Physical examination revealed brownish, round-to-oval macules and plaques on the trunk and proximal extremities in a "Christmas tree-like" distribution (Figure 1). Laboratory tests showed 6,435 mg/ dL IgG and 32.7 pg/mL interleukin-6 (reference range: <5). He was negative for HIV antigen and antibody. Contrastenhanced computed tomography showed lymphadenopathies in the bilateral axilla and mediastinum. Histopathology of the skin lesion revealed infiltrates with numerous plasmacytes in the dermis and subcutaneous tissue (Figure 2A,B). The right axillary lymph node biopsy specimen was consistent with a plasma cell type of multicentric Castleman's disease (MCD) and negative for the immunostaining of human herpesvirus-8; therefore, we diagnosed him with cutaneous plasmacytosis associated with a plasma cell type of idiopathic MCD (iMCD).

Cutaneous plasmacytosis is characterized by the dermal infiltration of polyclonal mature plasmacytes, and it predominantly affects Asian descent.¹ Although most cutaneous plasmacytosis is indolent, the disease could develop plasma cell type of iMCD.² If a patient is diagnosed with cutaneous plasmacytosis,



FIGURE 1 Many brownish, round-to-oval macules and plaques on the trunk and proximal extremities in a "Christmas tree-like" distribution have been seen

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FIGURE 2 Histopathology reveals

plasmacytes in the dermis and subcutaneous tissue (A: hematoxylin and eosin, $\times 10$. B:

infiltrates with numerous mature

hematoxylin and eosin, ×40)



clinicians should carefully follow up with the patient keeping in mind the potential for the development of iMCD.

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None.

2 of 2

CONFLICT OF INTEREST

The authors have stated explicitly that there are no conflicts of interest in connection with this article.

AUTHOR CONTRIBUTIONS

YY managed the patient, and both authors contributed significantly to draft preparation and manuscript editing.

ETHICAL APPROVAL

Written informed consent was obtained from the patient's offspring for publication of this clinical image.

DATA AVAILABILITY STATEMENT

No additional data are associated with this article.

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