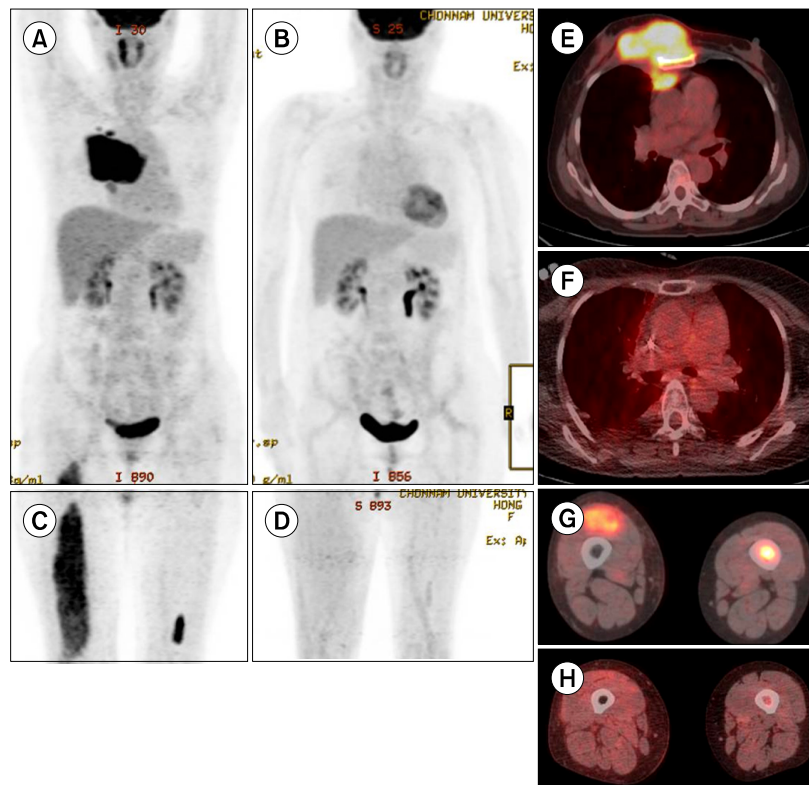


Multiple myeloma with huge extramedullary plasmacytomas

Soo-Young Bae, Je-Jung Lee

Department of Hematology-Oncology, Chonnam National University Hwasun Hospital, Hwasun, Korea

A 54-year-old woman presented with a mass in the right breast and right thigh; her condition was diagnosed as multiple myeloma (light chain, lambda type; serum M protein level 1,730 mg/dL) with plasmacytomas. Plasmacytomas showed high radiolabeled fluorodeoxyglucose in positron emission tomography (Figs. A, C, E, G). The patient showed partial response (serum M protein level decreased to 183 mg/dL) after 2 cycles of vincristine, adriamycin, and dexamethaxone (VAD) chemotherapy. After additional 4 cycles of chemotherapy with bortezomib, cyclophosphamide, thalidomide, dexamethaxone (vel-CTD; Kim et al. *Ann Hematol* 2010), plasmacytomas completely disappeared (Figs. B, D, F, H). The patient was considered to have achieved complete remission (CR) on the basis of normal range and ratio of kappa and lambda chains in free light chain assay, absence of monoclonal band in immunoelectrophoresis, and presence of less than 5% plasma cells in the bone marrow aspirate. The patient was treated with a high dose of melphalan (200 mg/m^2) followed by autologous peripheral blood stem cell transplantation, and received maintenance therapy with thalidomide and dexamethasone (TD); the patient continues to remain in CR even 11 months after the treatment.