

LETTER TO THE EDITOR

(*J Bangladesh Coll Phys Surg 2012; 30: 236*)

To,
Editor-in-Chief,
Journal of Bangladesh College of Physicians and Surgeons

At first I would like to thank the editor for publishing a case report by S M A Hossain and colleague on a rare disease "Retroperitoneal plasmacytoma" in Journal of Bangladesh College of Physicians and Surgeons. July, 2012; vol. 30(3).

We read it with very much interest because it is an uncommon plasma cell neoplasm. Only few case reports are available on "Retroperitoneal plasmacytoma".

In this case report author mention that plasma protein electrophoresis revealed polyclonal gammopathy. But all available case reports and literature revealed presence of monoclonal gammopathy in case of plasmacytoma. During treatment of plasmacytoma, M band is a marker of follow up. Disappearance of M protein indicates long-term complete remission.

Polyclonal gammopathy usually present in case of lymphoma. The differential diagnosis of retroperitoneal plasmacytoma are lymphoplasmacytic lymphoma and immunoblastic lymphoma. Immune histochemistry using CD-45 and CD-20 negative stains are specific for plasma cells. CD-138 positive is specific for plasma cell. In this case it was very much essential to do immune histochemistry after observing polyclonal gammopathy to differentiate it from lymphoma.

Finally I thank the author to report this nice case.

Dr Rubina Yasmin

Associate Professor
Dept of Medicine
Dhaka Dental College

References:

1. Ooi GC, Chim JC, Au WY, Khong PL. Radiologic manifestations of primary solitary extramedullary and multiple solitary plasmacytomas. *AJR Am J Roentgenol* 2006; 186: 821-827

2. El-Sharkawy MS, Siddiqui N, Aleem A, Diab AA. Renal involvement in lymphoma: prevalence and various patterns of involvement on abdominal CT. *Int Urol Nephrol* 2007; 39: 929-933
3. Henry K, Farrer- Brown G: Primary lymphoma of the gastrointestinal tract. 1. Plasma cell tumors. *Histopathology* 1997;1:53-76.
4. Strickler JG, Audeh MW, Copenhaver CM, and Warnke RA: Immunophenotypic differences between Plasmacytoma/Multiple Myeloma and immunoblastic lymphoma. *Cancer* 1988;61:1782-6.

Author's Reply

To,
Editor-in-Chief,
Journal of Bangladesh College of Physicians and Surgeons

At first I would like to thank the reader for her valuable comment.

I agree with the reader that usually plasmacytoma is a monoclonal gammopathy. However, in our case plasma protein electrophoresis revealed polyclonal gammopathy. Skeletal survey was normal. Bone marrow aspiration and biopsy revealed myeloid hyperplasia. May be it is a rare variety.

The differential diagnosis of RPEMP includes lymphoplasmacytic lymphoma and immunoblastic lymphoma. Immunohistochemistry using CD45 and CD20 negative stains is specific for plasma cells. In our case no immunohistochemistry was done. It was diagnosed based on histopathology.

Finally I would like to thank the reader again for her valuable comment.

Dr Mohammad Rafiz Imtiaz

Senior Clinical fellow
Colorectal Surgery,
Whipps Cross University Hospital
UK.