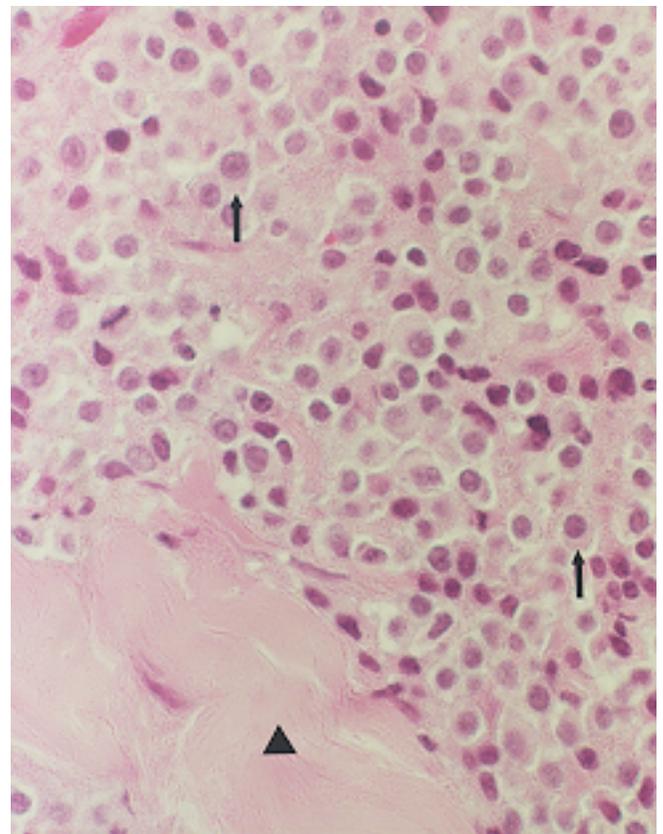


PLASMACYTOMA

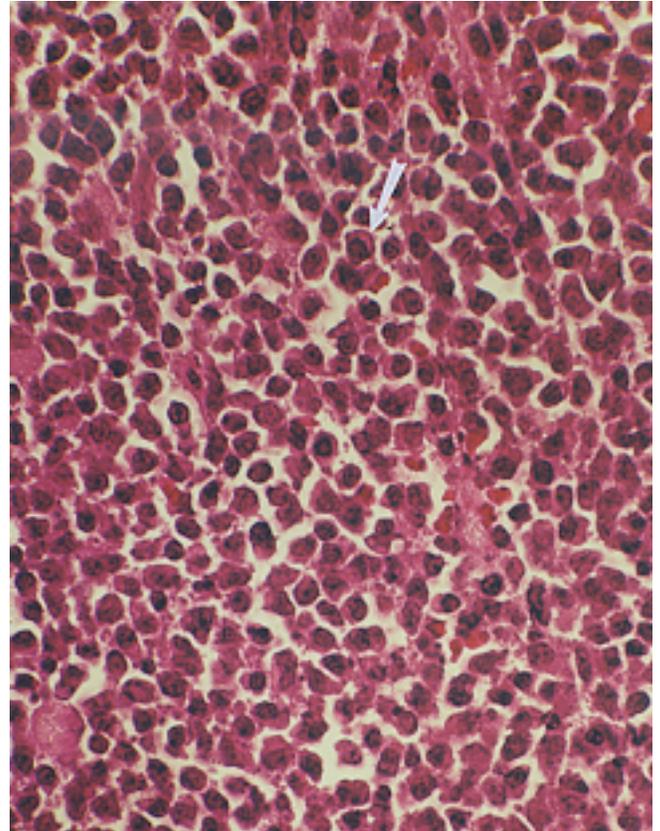
Eighty percent of all extramedullary plasmacytomas are found in the head and neck with a preference for the sinonasal and nasopharyngeal areas. Tumors in these areas are covered by intact mucosa and look polypoid. They are best considered as part of a larger group of plasma cell disorders. Some behave in a benign fashion, but most show a tendency to recur and eventually to metastasize widely. There is a strong male predominance.

Microscopically, there are plasma-like cells with a nucleus located at one pole of a cell with abundant cytoplasm and chromatin distributed in clock-face pattern. Small blood vessels are present. Lack of polymorphonuclear response helps distinguish the tumor from an inflammatory lesion.

Plasmacytoma, lower cervical area. Amyloid deposit is present (triangle) with similar deposits scattered throughout the nodular tumor. Immature appearing plasma cells are seen with eccentric nuclei and abundant cytoplasm (arrows).



Plasmacytoma. A sheet of plasma cells with eccentric nuclei, coarse nuclear chromatin, and a small zone of perinuclear clearing in some cells (arrow).



Plasmacytoma/Multiple Myeloma. This photograph contains numerous plasma cells characterized by their eccentrically placed nuclei, coarse nuclear chromatin, and perinuclear zone of clearing ("hof"). (arrows?).

