
Case Report

Unusual presentation of a solitary plasmocytoma of the jaw: a case report



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Introduction. Plasma cell malignancies include two localized forms (e.g. Solitary Plasmocytoma of the Bone-SPB- and Extramedullary Plasmocytoma-EMP) and one more severe disseminated form (e.g. Multiple Myeloma-MM). SPB usually affected male during 6th decades, it occurs as a single uni- or multilocular osteolytic lesion, histopathologically characterized by an abnormal proliferation of plasma cell. In some patients SPB may progress to MM, characterized by multiple osteolytic lesion in several bones, presence of abnormal plasma cells in the bone marrow biopsy, detection of amyloid deposit and abnormalities of immunoglobulin production. In both clinical forms, the maxillofacial area is rarely involved, the higher risk sites are the marrow-rich areas (ramus, angle and retromolar trigon of the mandible).

Case presentation. A male patient of 60 years, anamnestically reporting diabetes and hypertension, was observed at the Sector of Oral Medicine for the presence of pain and paraesthesia localized in right emimandibular area arisen from about 2 months after the extraction of 4.7 and 4.6. The patient denied previous therapy with bisphosphonates and/or angiogenesis inhibitory drugs. Clinical examination showed an area of osseous exposition in the site of right emimandibula. Rx exams (OPT and TC) showed a radiolucent unilocular area of osteolysis in the same region (2.1 x 1.2 x 1.8 cm) with infiltration of mandibular canal. Patients showed both local (e.g. pain, swelling, paraesthesia, infection) and systemic symptoms/signs (abnormal protein electrophoresis, anaemia, thrombocytopenia, ESR/ PCR increase, weight loss and renal failure). Histopathological examination of the biopsy confirmed the diagnosis of SPB, complicated by bone exposition and bacterial superinfection after teeth extraction. The patient has been referred to a haematologist for stadiation and therapy.

Conclusions. Differential diagnosis of apparent spontaneous osteonecrosis of the jaw should include haematological disorders, such as SPB and MM.

References

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