

Multiple cutaneous lesions in multiple myeloma responding to radiotherapy

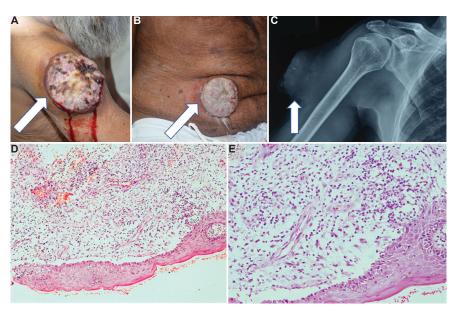


Fig. 1. Cutaneous lesion on the (A) shoulder and (B) over abdomen. (C) X-ray showing cutaneous lesion with no bone destruction. Immunohistochemistry of the diopsy from the lesion (D) \times 10 and (E) \times 20 revealed tumour positive for LCA and CD138 while negative for CK7, CK20, TTF1, synaptophysin and AE1/AE3 malignancy with plasmablastic differentiation.



Fig. 2. Response to radiotherapy in (A) shoulder lesion and (B) abdominal cutaneous lesion.

A 68 yr old male[†] patient presented to the department of Radiation Oncology, Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow, India,

in December 2012, with complaints of low back and right shoulder pain. Clinically multiple cutaneous lesions with bleeding points were seen (Fig. 1).

[†]Patient's consent obtained to publish clinical information and images.

X-ray of the shoulder revealed a large cutaneous lesion with no underlying bone destruction (Fig. 1C). Biopsy from the lesion (Fig. 1D, ×10 and Fig. 1E, ×20) revealed tumour positive for LCA (leucocyte common antigen) and CD138 while negative for cytokeratin (CK7), CK20, TTF1 (thyroid transcription factor 1), synaptophysin and cytokeratin AE1/AE3 suggestive of high-grade haematolymphoid malignancy of plasmablastic differentiation. Serum protein electrophoresis showed M band of IgG kappa. X-ray spine showed lytic lesions over the L3, L4, L5 and sacroiliac joints. Chemotherapy with bortezomib, cyclophosphamide and zoledronic acid was started. Radiotherapy (20 Gy in 5 fractions) with electrons (6 Mev) was delivered to right shoulder and the abdominal lesions. One month after delivery of radiotherapy, there was a partial response in cutaneous lesions present over the shoulder (Fig. 2A) and abdomen (Fig. 2B). At a follow up of 14 months, the patient continued to have partial response at the cutaneous sites and was continuing with chemotherapy and lost to further follow up.

Conflicts of Interest: None.

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