

Nose bleed gone wild: Extramedullary plasmacytoma of the right nasal septum

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This is a rare case of extramedullary plasmacytoma (EMP) of the right nasal septum in a 25-year-old, Filipino, woman. She presented with recurrent episode of epistaxis and a mass in the right nasal cavity. Nasal endoscopy revealed a friable mass occupying the right anterior nasal cavity originating from the right lateral nasal wall superior and anterior to the inferior turbinate. Computed tomography of the paranasal sinuses showed a nipple-like structure projecting to the side of the nasal septum compatible with a vascularized polyp. The mass was completely removed endoscopically and histopathologic examination showed a densely packed tumor cells showing ovoid polygonal polychromatic and vesicular nuclei with moderate eosinophilic cytoplasm. Immunohistochemical staining showed positive for kappa and lambda light chains and negative for cytokeratin (CK) and leukocyte common antigen (LCA). Biopsy specimen was strongly immunoreactive to CD79a, MUM-1 and Ki67, consistent with EMP. Three months after initial polypectomy, the patient noticed recurrence of right nasal obstruction. A repeat CT scan of paranasal sinuses revealed right nasal mass almost entirely occupying the nasal cavity. Polypectomy and histopathologic examination of the specimen was still consistent with plasmacytoma. All diagnostic evaluation in this patient didn't show evidence of multiple myeloma. After removal of nasal mass, she received postoperative radiotherapy with total dose of 4500cGY to tumor bed. She remains disease free after six months. EMP of the nasal septum should be one of the differential diagnoses for nasal mass with history of recurrent epistaxis and nasal obstruction.