SOLITARY PLASMAYTOMA – NOVELTIES IN DIAGNOSIS AND TREATMENT.

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Solitary plasmacytoma represents under 10% of plasma cell neoplasia and is characterized by the presence of a tumor with monoclonal plasmacytes, localized, without systemic involvement, similar to multiple myeloma. The plasmacyte tumor can be localized in the bones (solitary bone plasmacytoma) or in soft tissues, especially in the digestive and upper respiratory tract.
Solitary plasmacytoma is a heterogeneous disease, sometimes it is presented as a strictly localized lesion, and it may progress to multiple myeloma in 2-3years. The diagnostic criteria have changed over the last years. Current examinations have increased the precision of diagnosis. Thus multiparameter flow cytometry and molecular detection of heavy and light chain of immunoglobulin allow the highlighting of monoclonal plasmacytes in patients in which these were not evidenced through optical microscopy.
Due to the usage of MRI, the risk of a misdiagnosis of solitary plasmacytoma instead of multiple myeloma has decreased significantly. Still, in solitary plasmacytoma the risk of progression persists in about 40-50% of cases.
The elected treatment is local radiotherapy with or without surgical excision which ensures a high rate of local control and a high rate of survival, without signs of disease and a good general survival.