

Thoracic Wall Plasmacytoma: A Dual Rarity

Plasmocitoma da Parede Torácica: Uma Dupla Raridade

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Palavras-chave: Plasmacitoma/diagnóstico; Neoplasias Torácicas/diagnóstico; Parede Torácica.

A 71-year-old male, a former smoker (78 pack-years), with no other significant personal medical history, explained to the emergency department (ED) that he had a history of falling from standing height, resulting in thoracic trauma, followed by the onset of severe right-sided back pain persisting for 8 days. He denied any anorexia, weight loss, pain, or other complaints before the trauma. In the ED, a chest X-ray (Fig. 1) revealed a homogeneous mass with well-defined borders, a peripheral location, and a longitudinal axis greater than the transverse axis, suggesting an extrapulmonary location. Chest computed tomography

(CT) (Figs. 2 and 3) showed a large chest wall mass in the middle third of the right hemithorax, measuring 13.5 by 12 cm, with lobulated contours and associated destruction of the right 5th rib. Transthoracic biopsy was consistent with plasmacytoma with lambda chain restriction. Extramedullary plasmacytomas are rare neoplasms that infrequently involve the thoracic wall.¹⁻⁴ About 10%-15% will eventually develop multiple myeloma, with a higher progression rate of 20% in those with minimal marrow involvement.^{5,6} This case demonstrates the significance of considering systemic conditions along with local tumours in the differential diagnosis of thoracic wall lesions. ■

Contributorship Statement

AM – Data analysis and collection, manuscript writing.

ALR – Critical revision of the manuscript.

RO – Data analysis, critical revision of the manuscript.

All authors approved the final version to be published.

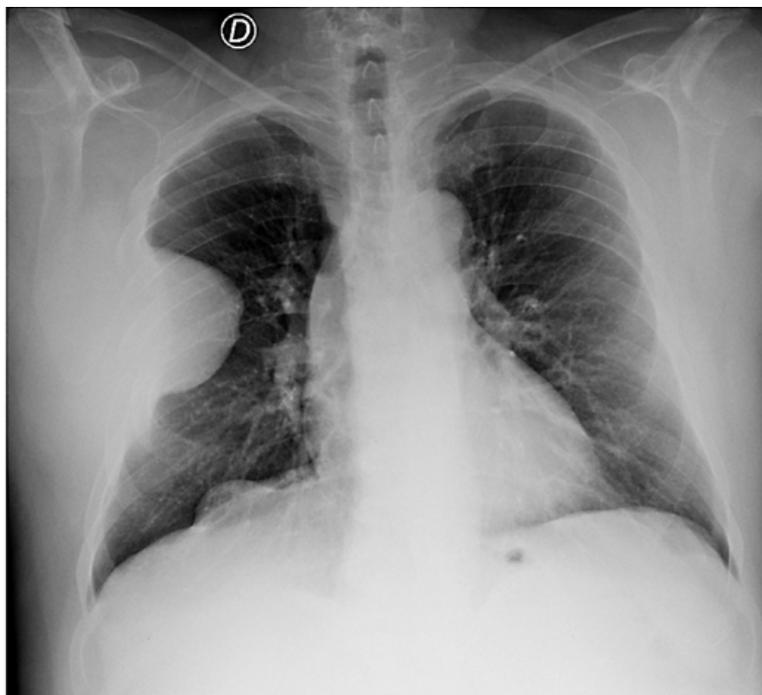


Figure 1: Chest X-ray with an extrapulmonary right homogeneous mass.

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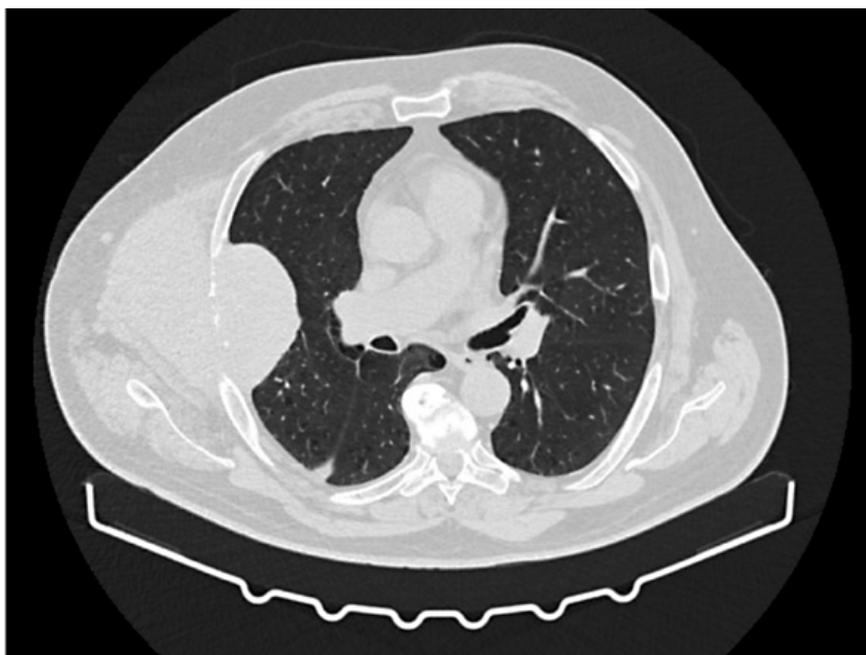


Figure 2: Axial chest CT showing a chest wall mass (13.5 × 12 cm) with destruction of the right 5th rib.

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AM – Análise e recolha de dados, redação do manuscrito.

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