

Persistent orofacial pain associated with nasopharyngeal extramedullary plasmacytoma

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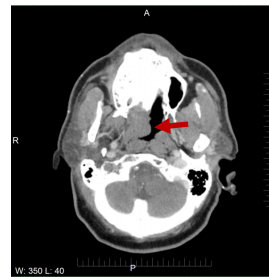
Background

Extramedullary plasmacytoma (EMP) is a neoplasm characterized by a discrete mass of monoclonal plasma cells and represents <0.5% of all head and neck malignancies.¹ EMP may be associated with non-specific symptoms, including nasal congestion, rhinorrhea, epistaxis, neck swelling and pain.²

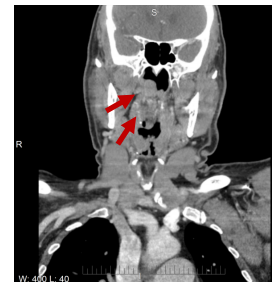
Case Report

A 69-year-old male complained of persistent right-sided tongue and facial pain of four months duration causing speech and mastication dysfunction attributed to symptom severity without complaint of dysphagia. Medical history included asthma, cataracts, Stage 3 chronic kidney disease, diabetes mellitus, hepatitis C, hypertension, sleep apnea, and osteoarthritis. Surgical, social and family history were non-contributory. Extraoral examination did not reveal lymphadenopathy, salivary gland enlargement or thyromegaly. Cranial nerve examination II - XII was within normal limits. Examination of the temporomandibular joints was unremarkable excepting for right lateral pterygoid muscle and temporalis muscle insertion pain on palpation. Intraoral examination revealed areas of hyperkeratosis and depapillation on the dorsal tongue and pain of the right posterior lateroventral tongue on palpation. Panoramic radiograph was unremarkable. Differential diagnosis included symptomatic benign migratory glossitis (BMG), atypical facial pain and masticatory myalgia. Gram stain did not reveal yeast and triamcinolone paste 0.1% to the tongue twice daily was considered to manage BMG. On subsequent evaluation, patient symptoms were unchanged but recent onset of epistaxis was reported. In addition, the patient revealed weight loss of fifty pounds since onset of symptoms. Physical examination remained unchanged and patient was referred to an Otorhinolaryngologist for further evaluation based on location of symptoms. Laryngoscopy revealed edematous

Hyperplastic mucosal tissue at base of right tongue. Computed tomography (CT) scan revealed a 2-cm rounded, lobulated mucosal mass within the right nasopharynx adjacent to the right eustachian tube extending into the soft palate (FIGURE 1,2). Biopsy of the mass was consistent with nasopharyngeal extramedullary plasmacytoma (NEP). The patient was referred to medical oncology for further evaluation and management. Bone marrow biopsy did not reveal evidence of plasma cell myeloma, clonal plasma cells, amyloid or phenotypically abnormal cell populations via flow cytometry. The patient underwent radiation therapy, 45 Gy in 25 fractions over the span of 2 months, which was well tolerated. The patient is currently in remission with complete resolution of NEP symptoms.



(FIGURE-1): Axial contrast-enhanced CT in soft tissue window at the level of the nasopharynx, depicting large submucosal mass on the right



(FIGURE-2): Coronal contrast-enhanced CT in soft tissue window at the level of the angle of the mandible, depicting the extension of the mass on the right

Conclusion

This case is the first to document OFP associated with NEP and emphasized the importance of interprofessional collaboration for patient management to achieve optimal clinical outcomes.

References

1. Straetmans J, Stokroos R. Extramedullary plasmacytomas in the head and neck region. *Eur Arch Otorhinolaryngol* 2008;265:1417-32
2. Pham A, Mahindra A. Solitary plasmacytoma: A review of diagnosis and management. *Current Hematologic Malignancy Reports*. 2019;14:63-9.