Multiple Myeloma Involving the Extrahepatic Bile Duct

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An 80-year-old man with IgA-lambda myeloma received treatment with a combination of melphalan and prednisolone. However, he presented with obstructive jaundice, and computed tomography revealed a huge mass in the pancreatic head and common bile duct (CBD) (Picture 1). The endoscopic retrograde cholangiographic findings revealed smooth narrowing of the distal CBD and dilated intrahepatic bile ducts (Picture 2). We suspected secondary extramedullary involvement of multiple myeloma in the pancreatic head and extrahepatic bile duct. A plastic stent was placed across the CBD stricture. No histological examinations were performed because the patient had received anti-coagulant agents. The patient was subsequently treated with bortezomib therapy. Two months later, he again presented with obstructive jaundice. Endoscopic transpapillary biopsy specimens obtained from the lesion exhibited plasma cell infiltration with plasmablastic features (Picture 3a). The neoplastic cells were positive for CD38 (Picture 3b) and lambda (Picture 3c) and negative for CD3, CD20 and kappa (Picture 3d). We considered the extrahepatic bile duct to be involved in the multiple myeloma. The occurrence of obstructive jaundice in patients with extramedullary involvement of multiple myeloma is reported to be rare (1, 2). In these cases, biliary tract obstruction is often caused by masses compressing the CBD in the pancreatic head (2). In our case, the multiple myeloma involved the pancreatic head and extrahepatic bile duct, and a transpapillary biopsy was useful for making a diagnosis of secondary extramedullary involvement of multiple myeloma (1).

The authors state that they have no Conflict of Interest (COI).

References