

비인강에 발생한 골수외 형질세포종 1예 : 비내시경적 절제술

김용대 · 조중석 · 조길성 · 우현재

Transnasal Endoscopic Excision of Extramedullary Plasmacytoma of Nasopharynx : A Case Report

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—ABSTRACT —

Extramedullary plasmacytoma (EMP) of head and neck is a rare soft tissue malignant neoplasm which is belong to the category of non-Hodgkin's lymphoma. In the literatures, therapeutic modalities of EMP are such as surgery, radiotherapy, or surgery with postoperative radiotherapy. Since EMP of head and neck in Korea was reported first in 1965, ten cases have been reported. Only one case of previous reported cases in Korea was originated in nasopharynx and it was treated simple excision through transpalatal approach. We present a case of a primary EMP which treated with transnasal endoscopic excision and postoperative radiotherapy, arising in the right nasopharynx of 41-year old woman. (J Clinical Otolaryngol 2002;13:135-139)

KEY WORDS : Extramedullary plasmacytoma · Nasopharynx · Transnasal endoscopic excision.

서론

(plasmacytoma)

B

(plasma cell)

: 2001 12 10

: 2002 3 20

: , 705 - 717

317 - 1

(multiple myeloma),
 (solitary medullary plasmacytoma)
 (extramedullary plasmacytoma, EMP)

¹⁾

1%

¹⁻³⁾

가

¹⁾³⁾⁴⁾

Alexiou ⁴⁾

714

313 (48.

3%) 가

, 131 (18.3%)

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5-7)

8-15)

10
6 가
(Table 1), 1

9)

증 례

41 가 1

가

가

(Fig. 1A).

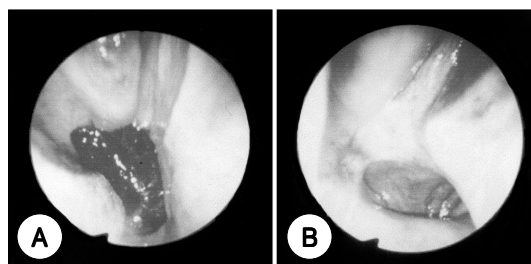


Fig. 1. The photographs of preoperative (A) and postoperative (B) endoscopic finding. A : Preoperative endoscopic view shows polypoid reddish mass at right nasopharynx and posterior nasal cavity. B : Postoperative 2 years endoscopic view shows well mucosalized nasopharynx and posterior nasal cavity.

Table 1. Reported cases of extramedullary plasmacytoma of head and neck in KOREA

Author (yr.)	Site	Management	Follow up (Mo.)
Ahn et al ⁸⁾ (1970)	NC	Transnasal excision	36
Rhim et al ⁹⁾ (1976)	NP	Transpalatal excision	UK
Yoon et al ¹⁰⁾ (1985)	NC	Partial maxillectomy (EA) +Postoperative radiotherapy	10
Kim et al ¹¹⁾ (1988)	MS	Radiotherapy	12
Seul et al ¹²⁾ (1993)	MS	Partial maxillectomy (EA) +Postoperative radiotherapy	UK
Shin et al ¹³⁾ (1994)	PT	Tonsillectomy	14
Oh et al ¹⁴⁾ (1996)	PT	Tonsillectomy	24
	MS*	Partial maxillectomy (EA) +Postoperative radiotherapy +Chemotherapy	45
	MS†	Partial maxillectomy (EA) +Postoperative radiotherapy +Chemotherapy	Death
Rha et al ¹⁵⁾ (1997)	FS	Mass excision (EA) + Postoperative radiotherapy	11
Hong et al ¹⁾ (1998)	LX	Total laryngectomy	10

MS : maxillary sinus, FS : frontal sinus, NC : nasal cavity, NP : nasopharynx, PT : palatine tonsil, LX : larynx, UK : unknown, EA : external approach, * : Combined with multiple myeloma at diagnosis
† : Converted to multiple myeloma during follow up period

T2 (coronal view)
(isosignal)
, T1
(Fig. 2).

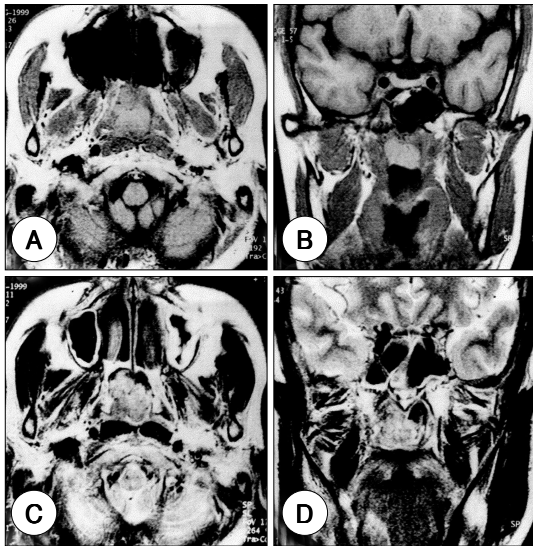


Fig. 2. A & B : T1-Weighted axial & coronal images. C & D : T2-Weighted axial & coronal images. Lobulating contour isosignal intensity mass shows at posterior nasal cavity and right nasopharynx. Invasion to surrounding structure is not noted.

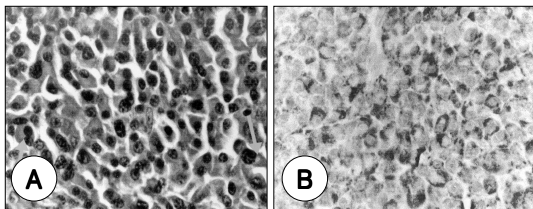


Fig. 3. A : Microscopic finding shows diffusely proliferated neoplastic plasma cells which have a perinuclear halo (arrow) and eccentrically placed nucleus (H & E stain, $\times 400$). B : Tumor cells are diffusely positive for immunohistochemical stain (brown colored cytoplasm) which is reacting strongly with human plasma cells (VS38c immunostain, $\times 400$).

1 :

3 \times 3 \times 4 cm
perinuclear halo 가
가
VS38c
(Fig. 3).

3 180 cGy 5 , 6
(30) 5400 cGy
40 (Fig. 1B).

고 찰

2~4
50~70 ¹⁶⁾
10~20% ^{2),3),16)}
²⁾
³⁾
가 가
가
¹⁷⁾

가 가

가 가

가 perinuclear halo, 5~8 chromatin Russel body ¹⁸⁾ 가

(multilocular) 가 , , 6 Hotz ⁵⁾ 5 , 1

가 ¹⁹⁾ 1 116 , 1

가 ⁹⁾ 가 가

가 M - peak Jones 가 Bence - 가

가 15% Russel body가 ²⁰⁾ , Gorenstein ²³⁾ 가 Alexiou

가 13gm% Bence - Jones 가 ⁴⁾ 1905~1997 가 10% ²¹⁾

가 Bence - Jones , ,

가 ³⁾¹⁶⁾ 가 52.9~66% ⁴⁾ 가 5

²²⁾²³⁾ 5 175~200cGy ³⁾ 4500~6000cGy 75% 5 ⁴⁾ 28

69% ³⁾ 36 ²⁴⁾

중심 단어 :

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