Intracranial plasmacytomas mimicking epidural hematoma and revealed by head trauma

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ABSTRACT
Presenting a case of 27-year-old female presented in our OPD on 6-12-2013 with severe headache and vomiting and no history of LOC/seizure. There was H/O head trauma 2 month back. O/E pupil of normal size and normal reaction to light and neurological status with GCS-14. CT scan showed a hyperdense left frontal chronic extradural/subdural mass lesion and midline shift of 8 mm. Peroperative there was intradural lesion as nonvascular, greyish white gelatinous solid tissue without evidence of EDH. The lesion was completely excised, and the skull the bone flap was replaced. Uneventful post operative recovery with GCS-15. Histopathological report was plasmacytoma.

Key words: Epidural hematoma, head injury, plasmacytoma

Introduction
Intracranial plasmacytomas are rare in neurosurgical practice. We present the patient with intracranial plasmacytomas mimicking epidural hematoma on computed tomography (CT).

Case Report
Unfortunately no intravenous contrast was given. Due to the clinical signs of mass effect the patient underwent an emergency left frontal craniotomy which revealed intradural lesion as a gelatinous solid tissue with no evidence of epidural hemorrhage. The mass was not vascular, greyish white in color. The lesion was completely excised, and the skull and bone flap was replaced. Postoperatively she promptly recovered to a GCS of 15 without a focal neurological deficit.

Diagnostic tests
The histopathological report was plasmacytoma [Figure 2]. On histopathology, the tumor cells resembled plasma cells and were immunopositive for CD138 and MUM-1 and were kappa light chain restricted. They were negative for CD20 and CD56. The blood counts, erythrocyte sedimentation rate, and radiological skeletal survey were normal. The postoperative period was uneventful, and the patient was discharged but without radiation therapy and adjuvant chemotherapy for private reasons.

Discussion
Plasmacytoma of skull is a rare finding. Total surgical resection followed by adjunctive radiation therapy has been advocated as

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Figure 1: A 27-year-old, female presented with history of a headache, vomiting with history of head trauma 2 months back with above computed tomography scan finding with normal neurological examination

Figure 2: Microscopy and immunohistochemistry report

Conflicts of interest
There are no conflicts of interest.

References