

## Giant Intracranial Solitary Plasmacytoma

### Intrakraniyal Dev Plazmositom

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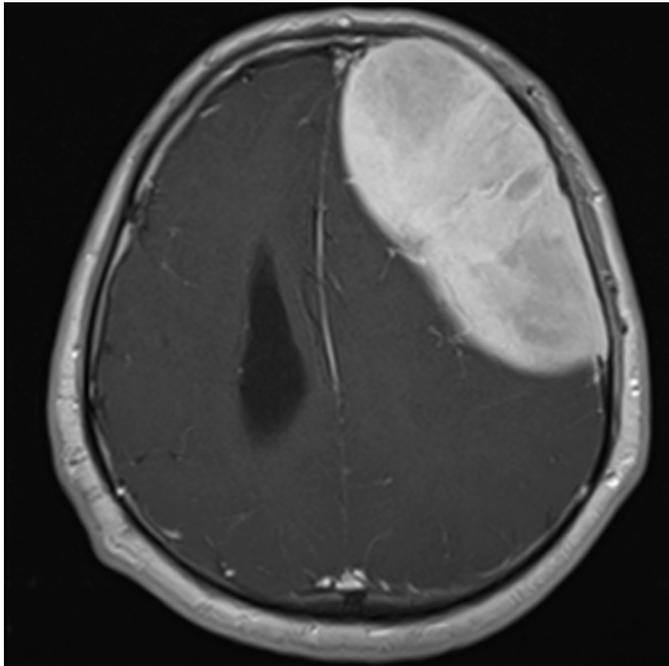


Figure 1. The mass occupied the left frontoparietal region, displacing the left lateral ventricle and causing a shift of the mid-vergence of the brain.

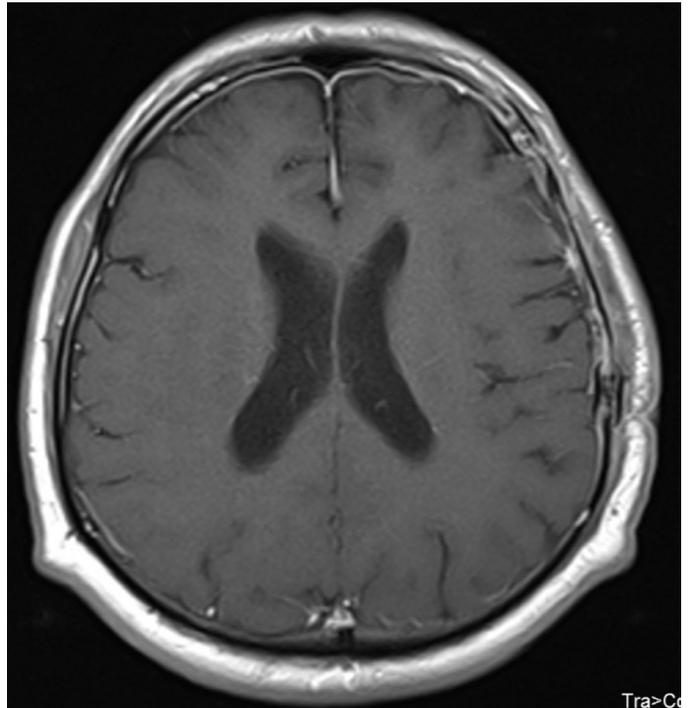
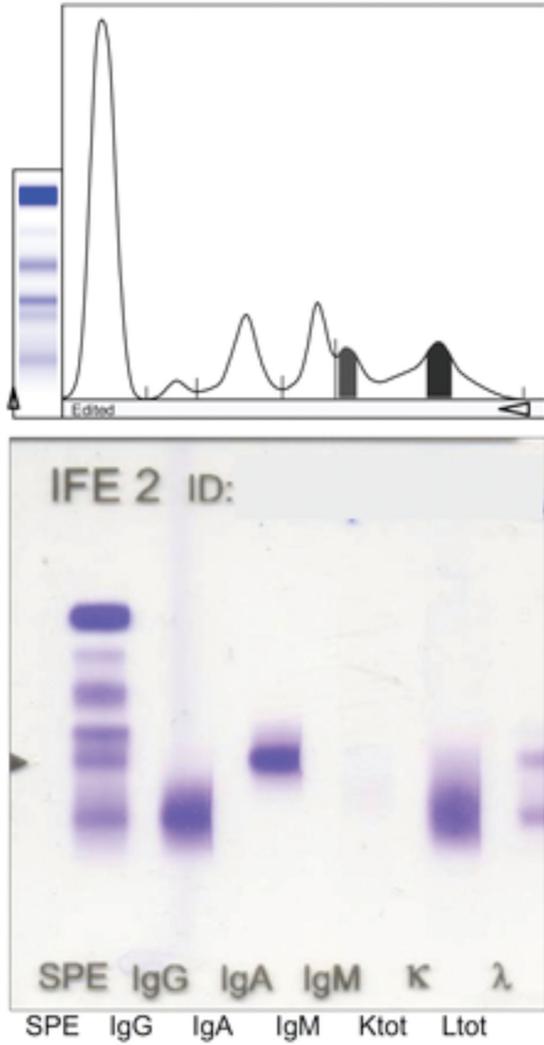


Figure 2. Postoperative cranial magnetic resonance imaging.

A 41-year-old man presented with complaints of severe headache and vomiting during the last 5 days. Neurological and systemic examination revealed no abnormality. A mass of 112x49 mm, which occupied the left frontoparietal parenchymal region, was evident on the T<sub>1</sub> sequence of magnetic resonance imaging (Figure 1). This homogeneous contrasted mass displaced the left lateral ventricle and caused a shift of the mid-vergence of the brain. The mass was totally removed (Figure 2). Pathological examination revealed a plasma cell dyscrasia with lambda monoclonality.

Bone marrow biopsy was consistent with a clonal plasma cell accumulation of 5%. Two tiny M-protein peaks were detected on serum protein electrophoresis, which was compatible with immunoglobulin (Ig) G-and IgA-lambda monoclonal bands on serum immunofixation electrophoresis (Figure 3). There were no other plasmacytomas or lytic lesions detected with positron emission tomography-computed tomography imaging. The patient was diagnosed with a solitary plasmacytoma and treated with radiotherapy only. He had no complaints at the sixth month after diagnosis.





**Figure 3.** M-protein peaks on serum protein electrophoresis and monoclonal bands on immunofixation electrophoresis are depicted.

Ig: Immunoglobulin.

**Keywords:** Plasmacytoma, Myeloma, Intracranial

**Anahtar Sözcükler:** Plazmasitom, Miyelom, İntrakraniyal

**Informed Consent:** Was obtained from the patient.

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