21. Erza E, Mannor G, Wright JE, Rose GE. Inadequately irradiated solitary extramedullary plasmacytoma of the orbit requiring exenteration. *Am J Ophthalmol* 1995;120:803-805
22. Kapadia SB, Desai U, Cheng VS. Extramedullary plasmacytoma of the head and neck. *Medicine* 1982;61:317-329

Commentary

The authors present their experience with four cases of plasmacytomas involving the skull base and nasopharyngeal soft tissues and review the literature. Plasmacytomas in this region are divided into two groups according to whether the tumor has arisen primarily from soft tissues or bony structures. The prognosis for long-term survival depends on whether the patient progresses to

multiple myeloma and on the histological grade of the tumor. The progression to multiple myeloma is substantially higher in patients with primary bone disease compared to those with soft tissue disease.

Skull base involvement by plasmacytoma is an uncommon disease. If a patient is found to have such a lesion, the histological grade should be established and an evaluation for multiple myeloma should be performed. Both provide important prognostic information and help guide therapy. Surgical resection is advocated for a solitary lesion, if possible. Radiation should follow. The authors recommend chemotherapy for multiple myeloma. Close follow-up of a patient with solitary plasmacytoma is needed to detect when myeloma develops.

Chandranath Sen, M.D.¹