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Letter to the Editor

Extramedullary CNS myeloma

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Dear editor,

Comments on: Stoeva T, Dancheva Z, Chausheva S, Yordanova T, Chaushev B, Klisarova A. Extramedullary dissemination in multiple myeloma: a case report of rare leptomeningeal involvement and comprehensive treatment outcomes. Folia Medica 2025; 67(2):e132922. https://doi.org/10.3897/folmed.67.e132922

I read with interest the case report of Stoeva and colleagues[1], in which they describe a 73-year-old man with relapsed IgG/k multiple myeloma with active osteolytic lesions and leptomeningeal involvement. They used PET/CT to detect hypermetabolic activity in the lesions, which led to effective treatment with radiotherapy and carfilzomib/dexamethasone, resulting in a sustained complete response. Although the use of PET/CT is of great interest in this case, the authors stated that the central nervous system (CNS) was involved, most likely a para-osseous mass involving leptomeningeal structures.[2] I would like to remind you of our work (not cited by the authors)[3] demonstrating the impact that different localizations of CNS or para-osseous myeloma can have on therapy and prognosis. Intra-cranial myeloma (IC) involvement in multiple myeloma is uncommon and often it arises from a bone mass in the skull base or dural involvement, i.e. osteodural (OD). Multiple myeloma (MM) of the central nervous system is distinguished by intraparenchymal lesions or diffusion in the CNS, which consists of the detection of myeloma cells in the cerebrospinal fluid (CSF), which does not appear to be present in the case presented by the authors. Survivals are usually modest in these patients; however, in our national trial, we demonstrated that novel drugs (such as bortezomib, carfilzomib, and lenalidomide) associated with radiotherapy and autologous stem cell transplantation (ASCT) can ameliorate responses and ultimately progression free and overall survivals (PFS, OS). OD myeloma seems to behave differently than true CNS MM because it can respond as well as the typical myeloma. We treated fifty MM patients and differentiated 38 OD localizations and 12 CNS localizations: median survivals were 25 months for OD and 12 months for CNS myeloma patients. Good prognostic factors for OS were achieving a better response (CR+VGPR vs. PR+NR not reached vs. 12 months, respectively, p=0.004). Novel drugs for MM now are available, and some could be of interest[4] also in CNS myeloma. Real-life guidelines[5] can help decision making in CNS myeloma. When an IC mass is found in a patient referred to our hospital, multiple myeloma should be ruled out for a differential diagnosis. We recommend looking for a monoclonal component with serum and urine total protein and electrophoresis, serum and urine immunofixation, and, if not contraindicated, CSF analysis can make a more precise diagnosis. CNS and OD myeloma should be differentiated, and as shown by Stoeva and colleagues, teamwork, i.e. radiotherapy, neurosurgery, hematology, and radiology, is fundamental in treating successfully these patients.

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Conflicts of interest

The author has no conflicts of interest to declare.

References

1. Stoeva T, Dancheva Z, Chausheva S, et al. Extramedullary dissemination in multiple myeloma: a case report of rare leptomeningeal involvement and comprehensive treatment outcomes. Folia Med (Plo-

vdiv) 2025; 67(2):e132922.
2. Cerase A, Tarantino A, Gozzetti A, et al. Intracranial involvement in plasmacytomas and multiple myeloma: A pictorial essay. Neuroradiology 2008; 50(8):665–74. doi: 10.1007/s00234-008-0390-x
3. Gozzetti A, Cerase A, Lotti F, et al. Extramedullary intracranial localization of multiple myeloma and treatment with novel agents: A retrospective survey of 50 patients. Cancer 2012; 118(6):1574–84.
4. Gozzetti A, Cerase A. Novel agents in CNS myeloma treatment. Cent Nerv Syst Agents Med Chem 2014; 14(1):23–7.
5. Sammartano V, Cerase A, Venanzi V, et al. Central nervous system myeloma and unusual extramedullary localizations: real life practical guidance. Front Oncol 2022; 12:934240.