Multiple Primary Extramedullary Plasmacytomas

REFERENCES

- De Chiara A: Primary plasmacytoma of the breast. Arch Pathol Lab Med 125: 1078-80, 2001.
- 2. Antonesco CR, Erlanson RA: Fibrosarcoma mimicking plasmacytoma. Ultrastruct Pathol 25 (1): 31-7, 2001.
- 3. Cesana C: Prognostic factors for malignant transformation in MGUS. J Clin Oncol 20 (6): 1625-34, 2002.
- 4. Galieni P, Cavo M, Pulson A, et al: Clinical outcome of EMP. Hematologica 85 (1): 47-51, 2000.
- Meenakshi A, Nandedkar MD, et al: Extramedullary manifestation of MM. Arch Pathol Lab Med 124: 628-31, 2000.
- 6. Meletius A, Dimopoulos L, et al: Solitary plasmacytoma. Blood 96 (6): 2037-47, 2000.

- 7. Mimopoules MA: Solitary bone and EMP. Current Treat Option Oncol 3 (3): 255-9, 2002.
- 8. Nikhil M, Tricot G, Barlogie B: Plasma cell neoplasms. Philadelphia: Lippincott, pp. 2465-9, 2001.
- Hughes RAC, Rees JH: Clinical and epidemiologic features of Guillain-Barre syndrome. J Infectious Disease 176 (suppl 2): 92-98, 1997.
- 10. Pham TH, et al: Bilateral testicular plasmacytoma. J Urology 164: 781, 2000.
- 11. Watanabe N, Morizir M, Shimizo M, et al: A case of retroperitoneal plasmacytoma with multiple metastasis. Clinical imaging 24 (6): 365-7, 2000.
- 12. Wilder RB, Ha CS: Presentation of myeloma protein. Cancer 94 (5): 1532-7, 2002.

Brief Communication

OCCURRENCE OF REPEATED FETAL DEATHS AND A SON WITH SEVERE PHYSICAL AND MENTAL RETARDATION AMONG PROGENIES OF AN IRANIAN CHEMICAL WARFARE VICTIM

MJIRI, Vol. 17, No. 2, 171-172, 2003.

Despite the Geneva international Protocol of 1925 for banning the use in war of both chemical and bacteriological warfare agents, the frequent use of them against both military personnel and civilians in different parts of the world has had horrible consequences for its victims. These consequences cause both short term difficulties e.g. respiratory¹ problems and a decrease in libido² and long term difficulties such as aplastic anemia,³ increase in fetal death rates⁴ and congenital deformities.⁵ Also changes in the sex ratio of their progenies are reported.⁶

Our subject family contains a couple who were married unconsanguinously in 1985. At present (2003), the man is 36 and his wife is 35 years old. Figure 1 shows their pedigree, as we can see there are no reports of fetal deaths or congenital deformities in their family history, except among

their progenies. One year after their marriage, a normal son was born, who is 15 years old at present. Two years after their wedding (1987), the father went to war, and one year later (1988), he spent 15 days in a zone polluted by mustard gas. Over those days he had coughs, respiratory problems, reddish and runny eyes and itching skin, but these were not considered causes for bed rest during the wartime.

Soon after his injury, his wife got pregnant and their newborn son had reddish eyes but with no other symptoms or signs. Later, his wife had three unsuccessful pregnancies: 4 months (1992), 7 month twins (1993), and 6 months (1996) fetal deaths (abortions and/or stillbirths) respectively (Fig.1). Their last progeny is a boy (date of birth, 1999) with severe mental and physical retardation.

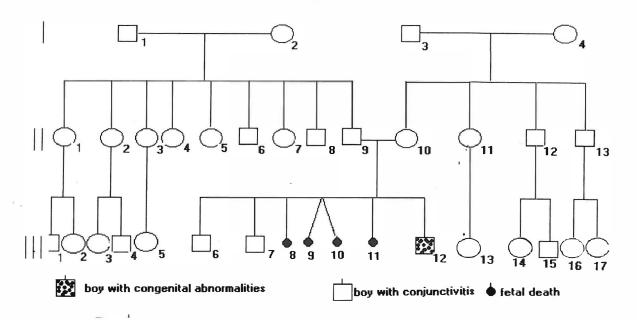


Fig.1. Pedigree pattern of a family with a member who was exposed to mustard gas (II-9).

Address for correspondence: Dr. A.R. Monsef, Pathology and Genetics Dept., Medical School, P.O.Box: 518, Hamadan, Iran.