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## Cutaneous myeloma and bortezomib

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Dear Editor,

We read with great interest the recent paper by Siniscalchi et al. [1] in which they described a 69-year-old woman with a cutaneous relapse of multiple myeloma (MM) after six cycles of MPT regimen (melphalan, prednisone, and thalidomide) and thalidomide maintenance therapy. They reported a complete response after four cycles of bortezomib (B) and dexamethasone, suggesting a possible employment in cutaneous plasmacytomas. We would like to make few comments and share some experience since we recently treated and described [2] a 75-year-old IgG/k multiple myeloma patient resistant to MPT, that after two cycle of B (alone without dexamethasone) at usual doses, despite a very good response in the serum monoclonal component, had a cutaneous localization of extramedullary MM (histologically confirmed). After the addition of dexamethasone to B, our patient showed a complete disappearance of the cutaneous lesions.

Thus, the first comment is that our patient had a MM progression consisting of a cutaneous localization of monoclonal plasmacells during B treatment, which is different to the observations of Siniscalchi et al. This peculiar MM behavior makes the cutaneous tissue as a “sanctuary” not reachable by B. Interestingly, this hypothesis could be also in

part explained by the pharmacokinetics of B [3]: In fact, in preclinical murine studies, radiolabeled [<sup>14</sup>C] B levels were higher in most organs than in the whole blood within 1 h, with the exception of the brain, testis, and adipose tissue.

Secondly, in our case, the addition of dexamethasone to B was resolute; thus, it could be that in the case described by Siniscalchi et al., the reason of response was due to the corticosteroid.

Although bortezomib has a great efficacy in soft tissue plasmacytomas, it has rarely been described in cutaneous MM. More patients need to be treated and reported with particular attention to these observations.

### References

1. Siniscalchi A, Fratoni S, Santeusano G, Del Poeta G, De Fabritiis P, Caravita T (2009) Cutaneous involvement in multiple myeloma and bortezomib. *Ann Hem* (in press) doi:10.1007/s00277-009-0717-7
2. Pirrotta MT, Gozzetti A, Cerase A, Bucalossi A, Bocchia M, Defina M, Lauria F (2008) Unusual discordant responses in two multiple myeloma patients during bortezomib treatment. *Onkologie* 31:45–47
3. Schwartz R, Davidson T (2004) Pharmacology, pharmacokinetics, and practical applications of bortezomib. *Oncology* 18:14–21

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