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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 [¹⁴C] 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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