We report the case of a 60-year-old woman who consulted the doctor after noticing a progressive separation of the eyes, without diplopia or other symptoms. Given that the deformity was obviously progressing, she was referred to our hospital for study.

Physical examination revealed a marked hypertelorism of 8 cm with slight inflammatory signs in the nasal root area. Endoscopy showed, in both nostrils at the level of the middle meatus, a firm mass with a pink colour, which barely protruded into the fossae. A biopsy was taken in the consultation.

The CT and MRI scans revealed a large soft tissue mass that occupied the fronto-ethmoidal region, with bone destruction of the cribriform plate, the walls of the frontal sinus and both orbital walls. It was about 6.5 cm (in the transverse direction) by 5.5 cm (in the antero-posterior direction).
The edges were well defined and it had a uniform density (Fig. 3). It was isointense on T2-weighted images and presented discreet enhancement with intravenous gadolinium, showing a cerebriform aspect.

Because the biopsy in consultation proved inconclusive, we took another, broader one in the operating room. The systemic study showed the presence of only a monoclonal IgG peak of 3.43 g/l and kappa light chains in serum of 850 mg/dl, with alteration of the kappa/lambda ratio.

Suspecting a multiple myeloma type of malignant haematological process, we performed bone marrow aspiration and biopsy, which resulted negative. The biopsy of the mass was finally reported as plasmacytoma.

Plasmacytomas are plasma cell tumours that occur either in isolation (solitary plasmacytoma, as in our case) or in the context of multiple myeloma. They represent up to 1% of all head and neck tumours.

At present, after receiving radiotherapy treatment, the patient is following systemic treatment with dexamethasone and bortezomib and the size of the lesion is progressively decreasing.