A 46 year old African American woman presented to the emergency department (ED) with chief complaint of right collar bone pain x 3 months. Initially, she noticed a small “lump” on the medial aspect of the right clavicle several years ago with slow growth. Pain was moderate-to-severe in intensity without any radiation. Initial examination revealed a 1.5 cm mass with point tenderness. There were no radiological abnormalities. She was discharged with muscle relaxers, anti-inflammatory agents and shoulder exercises.

Six months later, she returned to the ED with severe clavicle pain and enlargement of the previously noted mass. The pain radiated to the right shoulder and scapular area. She had fatigue, back and leg pain. Examination showed a 2 x 1.5 cm firm, fixed, tender mass at the right clavicular-manubrial junction, point tenderness to scapula and lumbar vertebral bodies.

X-rays showed innumerable lytic lesions within the right clavicle, scapula, proximal humerus, lumbar spine and pelvis. Her laboratory studies showed hemoglobin 6.7g/dL, total protein 11.5g/dL, corrected calcium 13.3mg/dL, creatinine 1.3mg/dL, IgG 5742mg/dL and M-spike 7.1g/dL on serum protein electrophoresis (SPEP). Bone marrow biopsy showed 100% cellular marrow with near complete involvement by kappa restricted plasma cells. The patient was diagnosed with multiple myeloma and therapy was initiated with dexamethasone and bortezomib.

**DISCUSSION**

Plasma cell neoplasms are malignancies generally resulting in excess production of monoclonal immunoglobulin. Plasma cell neoplasms can present as a solitary plasmacytoma or with multiple lytic bone lesions. Solitary plasmacytomas most commonly occur in bone and are known as plasmacytoma of bone or osseous plasmacytoma (SPB), but can be in soft tissues and are referred to as extramedullary or extraosseous plasmacytoma (EP). Skeletal pain and/or pathological fractures are the most common presenting complaints of SPB. SPB is a localized tumor in the bone comprised of a single clone of plasma cells with or without a monoclonal spike on SPEP and the absence of other features of multiple myeloma (MM).

In summary, recognition of SPB, treatment with radiation and evaluation for MM remains to be key elements in the early interventions of this condition.