TABLE 1.

Skin disorders associated with monoclonal gammopathy due to infiltration (I) of monoclonal cells producing monoclonal immunoglobulin (M protein) or deposition (D) of M protein

Disease		Monoclonal gammopathy	Clinical	Pathology	Other
Plasmacytoma (I)	Metastatic ("Myeloma-associated")	IgG κ	Red to violaceous nodule(s)	Dermal collection of plasma cells of varying maturation	
	Primary cutaneous	IgA, IgD, or IgG			May rarely progress to multiple myeloma
Waldenström macroglobulenemia	IgM storage papules (D)	IgM	Pearly or flesh-colored papules on extensor surface of extremities	Hyaline amorphous eosinophilic deposits fill papillary and reticular dermis	Symptoms related to blood hyper-viscocity Clonal proliferation of plasmacytoid lymphocytes
	Cutaneous lymphoplasma cell proliferative lesions (I)		Violaceous macules, papules, plaques and nodules	Dense lympho-plasmacytic infiltrate in reticular dermis	
Amyloidosis, AL type (D)		Varies	Purpura (especially periorbital), waxy papules, macroglossia	Eosinophilic, amorphous material in dermis and subcutis in lesional skin Apple-green birefringence with Congo red	Usually have underlying plasma cell dyscrasia May biopsy uninvolved abdominal fat or rectal mucosa to detect amyloid deposition
Follicular spicules of the nose (D)		Varies	Horn-like filiform spicules in follicular orificies	Follicular plugs of homogeneous eosinophilic material	Multiple myeloma associated with cryoglobulins
Cryoglobulememia (D)	Type I	Monoclonal IgM, IgG, IgA, or light chain	Inflammatory macules and papules, Raynaud's phenomenon, ulceration, livedo reticularis	Occlusion of dermal vessels by homogeneous, eosinophilic, diastase-resistant, PAS+ material	Association: lympho-proliferative disorders
	Type II	Monoclonal and polyclonal IgM or IgG			Associations: connective tissue disease, hepatitis B/C