Figure S1. Immunohistochemical staining showing non-specific positivity of plasma cells for (A) IgG (x400; scale bar, 60  $\mu$ m) and (B) IgG4 (x400; scale bar, 60  $\mu$ m).

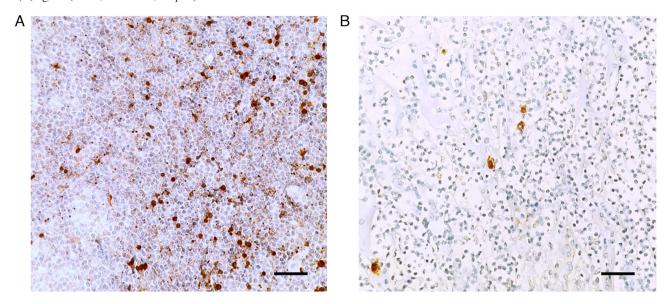


Figure S2. Immunohistochemical staining showing negativity of neoplastic elements for (A) CD23 (x400; scale bar, 60  $\mu$ m), (B) Bcl-6 (x400; scale bar, 60  $\mu$ m), (C) cyclin D1 (x400; scale bar, 60  $\mu$ m), (D) SOX-11 (x400; scale bar, 60  $\mu$ m), (E) CD5 (E, x400; scale bar, 60  $\mu$ m) and (F) CD10 (x400; scale bar, 60  $\mu$ m).

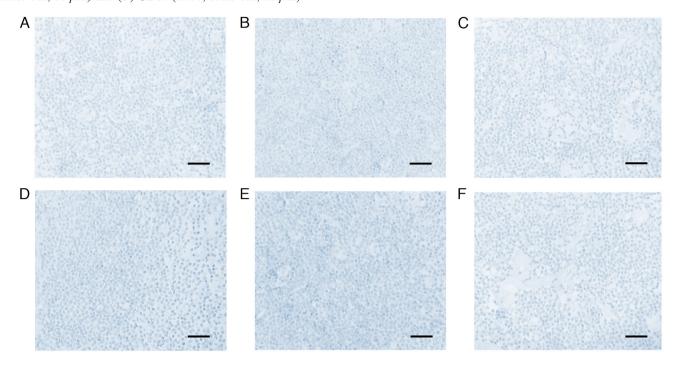


Figure S3. PET scan of the thorax, abdomen and pelvis showing no pathological fluorodeoxyglucose uptake, indicating the absence of systemic disease.



Figure S4. PCR analysis of B lymphocyte clonality showing a monoallelic rearrangement of the *IGH* gene, FR2/JH fragment. Neoplastic elements show a dominant fluorescent peak indicative of a clonal population with identical PCR fragment sizes at ~128 bp; monoallelic rearrangement is characterized by the presence of a single peak [x-axis, fragment size (nucleotides); y-axis, fluorescence intensity] (11).

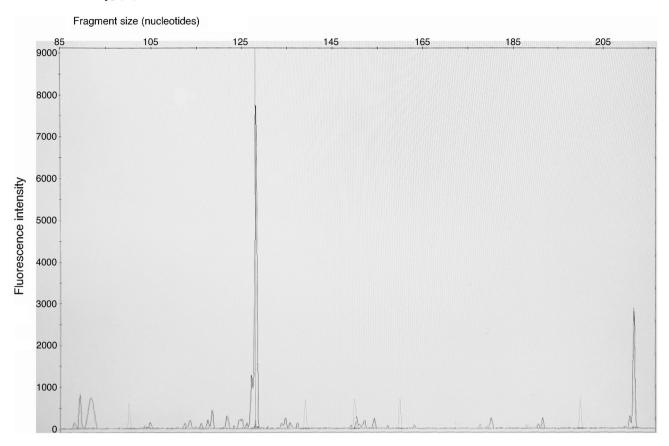


Figure S5. Cranial CT showing the absence of mass lesions, indicating the disappearance of gross disease after surgery.

