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An Unforgettable Pre-Diagnosis for an Elderly Patient with Renal Failure and Back Pain: Multiple Myeloma

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Abstract

Multiple myeloma is a malignant disease that can cause kidney failure. Here, we filed a patient with back pain and renal dysfunction diagnosed as multiple myeloma.

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Introduction

Multiple myeloma is a malignant disease that can result in organ damage due to abnormal plasma cell growth and immunoglobulin or light chain overproduction in the bone marrow. It is the second most common hematologic cancer after lymphomas. It constitutes 1% of all cancers and 10% of hematological cancers.¹ At the time of diagnosis, 25% of patients with multiple myeloma have an increase of more than 2 mg/dL in creatinine. In other words, about half of the patients have renal failure.²⁻⁷ Bone involvement is one of the most common organ damages in myeloma. Bone involvement is a feature that has diagnostic and prognostic value, shows tumor burden, organ damage, and affects the patient's

quality of life. Any patient with myeloma suspicion must have a whole-body bone scan. Myeloma typically causes lytic lesions, osteopenia, and pathological fractures in the bones. Bone lesions are detected in 75% of myeloma cases. These lesions are most commonly found in the head bones, vertebra, ribs, sternum, proximal humerus and femur.²⁻⁴

Case Report

A 72-year-old male patient was admitted to the outpatient clinic due to low back pain and increased urea-creatinine. In the examinations of the patient without known chronic disease, urea 74



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mg/dL, creatinine 3.5 mg/dL, uric acid 10 mg/dL, hemoglobin 9.6 g/dL, MCV 102 fL, and 6,795 mg protein in 24-hour urine was found. Extensive examinations were planned for the patient. ANA: negative, ANCA: negative, anemia parameters were normal, hepatic markers were normal, serum protein electrophoresis was normal. In the patient, in whom kappa-lambda was sent in urine and rectal biopsy was planned for amyloidosis, immunoglobulins were low, kappa-lambda in urine was normal, and rectal biopsy was found to be normal. The patient whose kidney biopsy was considered non-diagnostic, but had severe low back pain, anemia, and high urea-creatinine, was considered multiple myeloma. In repeated examinations, bone marrow biopsy and peripheral smear were observed in the patient due to high lambda and low kappa in 24-hour product and immune fixation electrophoresis. Peripheral smear and bone marrow biopsy were consistent with multiple myeloma. The treatment of the patient was started.

Discussion

With the recent advances in multiple myeloma treatment, the survival of patients has increased dramatically. Although new agents contribute positively to overall survival and disease-free life span, they cannot prevent disease recurrence.⁸ Therefore, it should be considered in patients with back pain, anemia, and kidney failure, and treatment delay should be avoided.

Conflict of Interests

Authors declare that there are none.

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