

**Simultaneous occurrence of multiple myeloma and chronic myeloid leukemia**

An 81-year old man was referred to our center because of asthenia and bone pain. His hemoglobin was 87 g/L, and WBC count  $28.7 \times 10^9/L$ , with 50% neutrophils, 5% basophils, 5% metamyelocytes, 7% myelocytes, 5% promyelocytes, 3% blasts, and occasional plasma cells in the peripheral blood, in addition to *rouleaux* (Figure 1). The platelet counts was  $172 \times 10^9/L$ . Total serum protein concentrations was 102 g/L, with an IgA Kappa monoclonal spike of 52 g/L. X-ray study showed generalized osteoporosis and lytic lesions in the skull. The bone marrow was hypercellular with increased myeloid precursors, basophilia, and 25% atypical plasma cells. The Philadelphia chromosome was seen in all metaphases analyzed, and bcr-abl rearrangement was demonstrated by polymerase chain reaction (PCR) analysis. Multiple myeloma (MM) and chronic myeloid leukemia (CML) were diagnosed and melphalan-prednisone treatment started. However, the myeloma progressed to plasma cell leukemia and the patient died a few months later.

Co-existence of myeloproliferative and lymphoproliferative disorders in the same patient is seldom observed.<sup>1</sup> With regard to the association between CML and MM, the simultaneous diagnosis of these two diseases is exceedingly infrequent.<sup>2</sup>

Alberto Alvarez-Larrán, María Rozman,\* Francisco Cervantes  
Hematology Department, \*Hematopathology Unit,  
Hospital Clínic, Barcelona, Spain

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Correspondence: Alberto Alvarez-Larrán, M.D., Hematology Department, Hospital Clínic, Villarroel 170, 08036 Barcelona, Spain. Phone/Fax: international + 34.9.32275475

E-mail address: fcervan@clinic.ub.es

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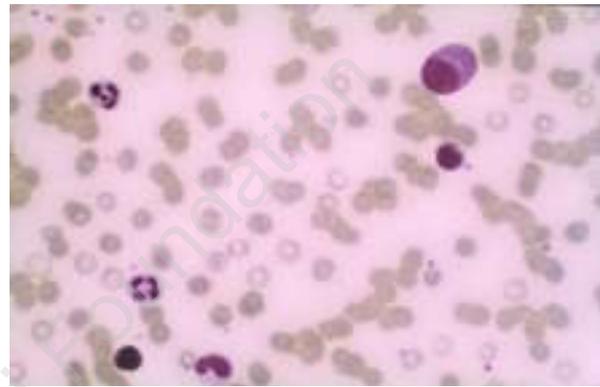


Figure 1. Peripheral blood smear of the patient, showing a plasma cell, a basophil, a metamyelocyte and *rouleaux* (May-Grünwald-Giemsa  $\times 400$ ).