IgA multiple myeloma with multiple cutaneous plasmacytomas

We report the case of a 76-year old woman diagnosed in October 1998 as having IgAκ multiple myeloma stage III-A. The patient presented with mild symptoms of anemia and mild bone pain. She did not have not other complaints. Physical examination was normal except for a mucocutaneous pallor. Her full blood count showed severe anemia (Hb 8.1 g/dL), and mild thrombocytopenia (Plt 126,000×10^5/dL) and leukopenia (WBC 2,660×10^5/dL). Serum electrophoresis revealed the presence of a monoclonal component (IgAκ) of 6.6 g/dL, along with a reduction of the rest of the immunoglobulins (IgG 0.25 g/dL, IgM 0.03 g/dL). C-reactive protein was 29.8 g/dL. β_2-microglobulin was not available. Renal function tests, calcium and all other basic blood chemistry tests were normal. There was no Bence-Jones protein in a 24-hour urine collection. Conventional roentgengrams showed no lytic bone lesions, osteoporosis or fractures. A bone marrow aspirate revealed massive (80%) infiltration by plasma cells of various stages of differentiation from mature to markedly anaplastic appearance. Melphalan-prednisone was started and a partial remission was reached after six months of treatment (IgA 1.2 g/dL, Plt 223,000×10^5/dL, Hb 9.7 g/dL, the patient refused bone marrow aspiration).

In November 1999, the patient was found to have several cutaneous nodules on her abdomen and arms (Figure 1). A biopsy of those nodules showed infiltration by monoclonal plasma cells (Figure 2). At that time, additional data of disease progression were found (IgA 10.4 g/dL, Plt 20×10^9/L, Hb 5.3 g/dL, the patient again refusing bone marrow studies). Melphalan-prednisone was discontinued and salvage treatment with dexamethasone was started. In spite of this the patient died at home two months later from disease progression.

Since cutaneous involvement by MM is an unusual clinical presentation a high level of suspicion is advisable in patients with MM and skin lesions.[1,2] In our patient, as in most of the cases reported, the involvement of the skin was associated with advanced disease status and, therefore, with a poor prognosis.

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References

1. Alexiou C, Kau RJ, Dietzfelbinger H, et al. Extramedullary plasmacytoma. Cancer 1999; 85:2305-14.
2. San Miguel JF, Blade Creixenti J, Garcia-Sanz R. Treatment of multiple myeloma. Haematologica 1999; 84:36-58.

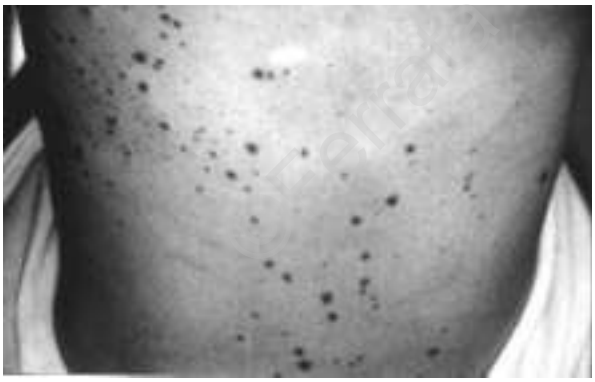

Figure 1. Multiple cutaneous plasmacytomas.

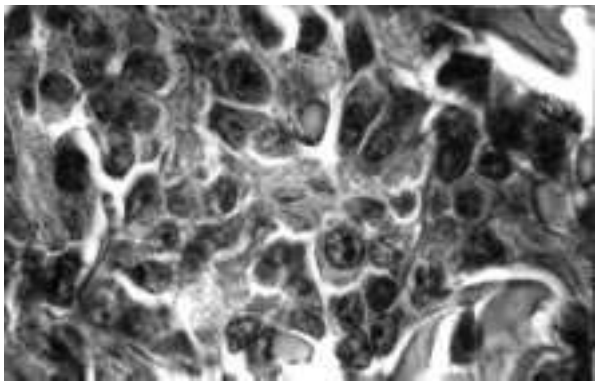

Figure 2. Biopsy of one of the skin lesions showing dense infiltration of malignant plasma cells (hematoxylin-eosin, × 525).