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A COMPLEX JOURNEY OF MULTIPLE MYELOMA, A DEVASTATING METASTATIC BREAST CANCER THEN MULTIPLE MYELOMA AGAIN. A DOUBLE MALIGNANCY CASE REPORT

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INTRODUCTION

Multiple myeloma (MM) represents approximately 10% of hematologic malignancies. The incidence of non-hematological malignancy in patients previously diagnosed with MM is much lower than in hematological malignancies. Breast cancer is commonly diagnosed at an early stage in patients with MM.

AIM

Here we present a case of double malignancy; hematological then solid neoplasms in a female patient with relapse of the hematological malignancy afterward.

PATIENT

A postmenopausal female patient 71 years old, presented in 2020 with normocytic anemia (Hb conc. 9.5g/dL) and multiple scattered osteolytic lesions. She was diagnosed with MM and achieved a VGPR on VCD.

Breast Cancer then developed one year after lenalidomide maintenance, and MM relapse was documented in 2023.

INTERVENTION

Bone marrow (BM) examination showed 19% plasma cells, and M-band 1.8, a picture of MM. She received 12 weeks VCD, BM evaluation revealed 4% plasma cells, M-band 1.3. The patient was considered in VGPR and was started on maintenance lenalidomide (10mg D1-28). Palpable painless right breast masses were discovered on follow-up in 2022.

Mammography and complementary US for both breasts revealed highly suspicious multicentric palpable solid lesions at the right breast with pathological ipsilateral axillary lymph nodes (BIRADS 5) and left breast fibroadenoma (BIRADS 3). Tru-cut biopsy from the right breast mass showed a multicentric infiltrating duct carcinoma, Grade II, (T4, N2 (8/22), M1), ER, and PR positive and Her2 negative and KI 67 60%. Right radical mastectomy was performed and received aromatase inhibitor for 5 months.

RESULT

PET/CT scan (22-08-2023) evaluation showed pulmonary nodules, bone, and suprarenal gland metastases. She received a second line of Fulvestrant, Palbociclib, and Zometa.

BM examination to assess bone metastasis, revealed 35% plasma cells. Upon re-evaluating serum protein electrophoresis, a relapse of MM was confirmed. Re-induction by VCD for 12 weeks, patient is now in remission on VRD maintenance every 2 weeks.

CONCLUSIONS

Breast cancer is one of the most common malignancies in the world.

In previously published case reports, Breast cancer was usually preceding or synchronous with MM.

To our knowledge, few case reports of Breast cancer during remission of MM were reported.

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