Atypical presentation of multiple myeloma with vasculitis

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Case initial presentation:

63 years old previously healthy Mediterranean lady she presented with, limb swelling & discolorations, vomiting, generalized fatigue routine investigation requested reveled anemia Hgb 5 g/dl & BUN 130, creatinine 17 mg/dl (weight gain) with metabolic acidosis she underwent session of hemodialysis with blood transfusion.

Disease Course:

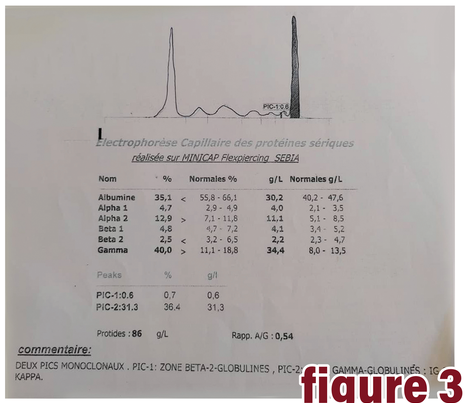
On reviewing of system (constipation, polyurea, polydipsia) few weeks she developed marked bluish black discoloration in tips of both toes feet (figure 1) & fingers hand (figure 2), angiogram done which was no evidence of DVT with patent & satisfactory bilateral blood flow of both upper & lower limbs, with failed nonfunctional left brachiocephalic AV fistula upper limbs , despite normal vascularization up to palmar arches & interdigital arteries she had ischemia & necrosis in her fingers & toes .for that reason connective tissue disease Especially Systemic sclerosis investigation where requested , few days later her fistula was ruptured & Angiogram were repeated which showed bilateral phlebitis , shunt failure with evidence of microangiopathy & vascular surgeon but her on Rivaroxaban.



figure 1



figure 2



Electrophorèse Capillaire des protéines sériques
réalisée sur MINICAP Flexpiercing SEBIA

Nom	%		Normales %	g/L	Normales g/L
Albumine	35,1	<	55,8 - 66,1	30,2	40,2 - 47,6
Alpha 1	4,7		2,9 - 4,9	4,0	2,1 - 3,5
Alpha 2	12,9	>	7,1 - 11,8	11,1	5,1 - 8,5
Beta 1	4,8		4,7 - 7,2	4,1	3,4 - 5,2
Beta 2	2,5	<	3,2 - 6,5	2,2	2,3 - 4,7
Gamma	40,0	>	11,1 - 18,8	34,4	8,0 - 13,5

Peaks	%	g/l
PIC-1:0.6	0.7	0.6
PIC-2:31.3	36.4	31.3

Protides : 86 g/L Rapp. A/G : 0,54

commentaire:
DEUX PICS MONOCLONAUX . PIC-1: ZONE BETA-2-GLOBULINES , PIC-2 GAMMA-GLOBULINES ; IG KAPPA.

figure 3

Investigation & Workup:

ECHO: - EF 60 %
CBC shows anemia HGB 6g/dl normocytic normochromic anemia, ESR > 150 mm/hr.
Protein electrophoresis shows M band albumin 30.2g/l, globulin 34.3 g/l(figure 3).
Immune electrophoresis revealed (IgG = 4110.9 g/dl, IgM =7.4, IgA=39mg/dl).
Bone marrow aspiration showed 70% plasma cell.

Management & Concluding Remarks:

The patient underwent session of hemodialysis alternated with session of plasmapheresis with cover of antibiotics after the 4th session she developed shortness of breath type 1 respiratory failure type 1 , HRCT done show atypical ground glass appearance of atypical pneumonia with multiple lung nodules suggestive PJP.
We start for her Septrin with marked response with steroid in addition of Rivaroxaban.
Systemic sclerosis screening investigation came negative.
So managed as vasculitis induced by myeloma.
Few weeks patient started on (VTd) with antiviral, PJP & Rivaroxaban prophylaxis .
Multiple myeloma with vasculitis is particularly uncommon & challenging in management.

Keywords:

Multiple myeloma (MM) , Vasculitis, plasma cell, micro angiopathy, case.

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