# Nerve Pain, Monoclonal Gain: A Case of Unconventional Myeloma

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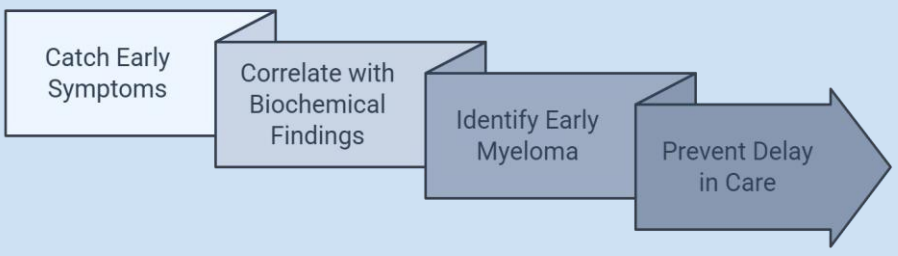
## INTRODUCTION

IgA kappa monoclonal gammopathy is a precursor to multiple myeloma (MM) that often remains undiagnosed due to subtle clinical manifestations.

Elderly patients with comorbidities such as neuropathy may mask disease progression.

This case emphasizes monitoring stable gammopathy for progression, even in the absence of CRAB features.

## OBJECTIVES



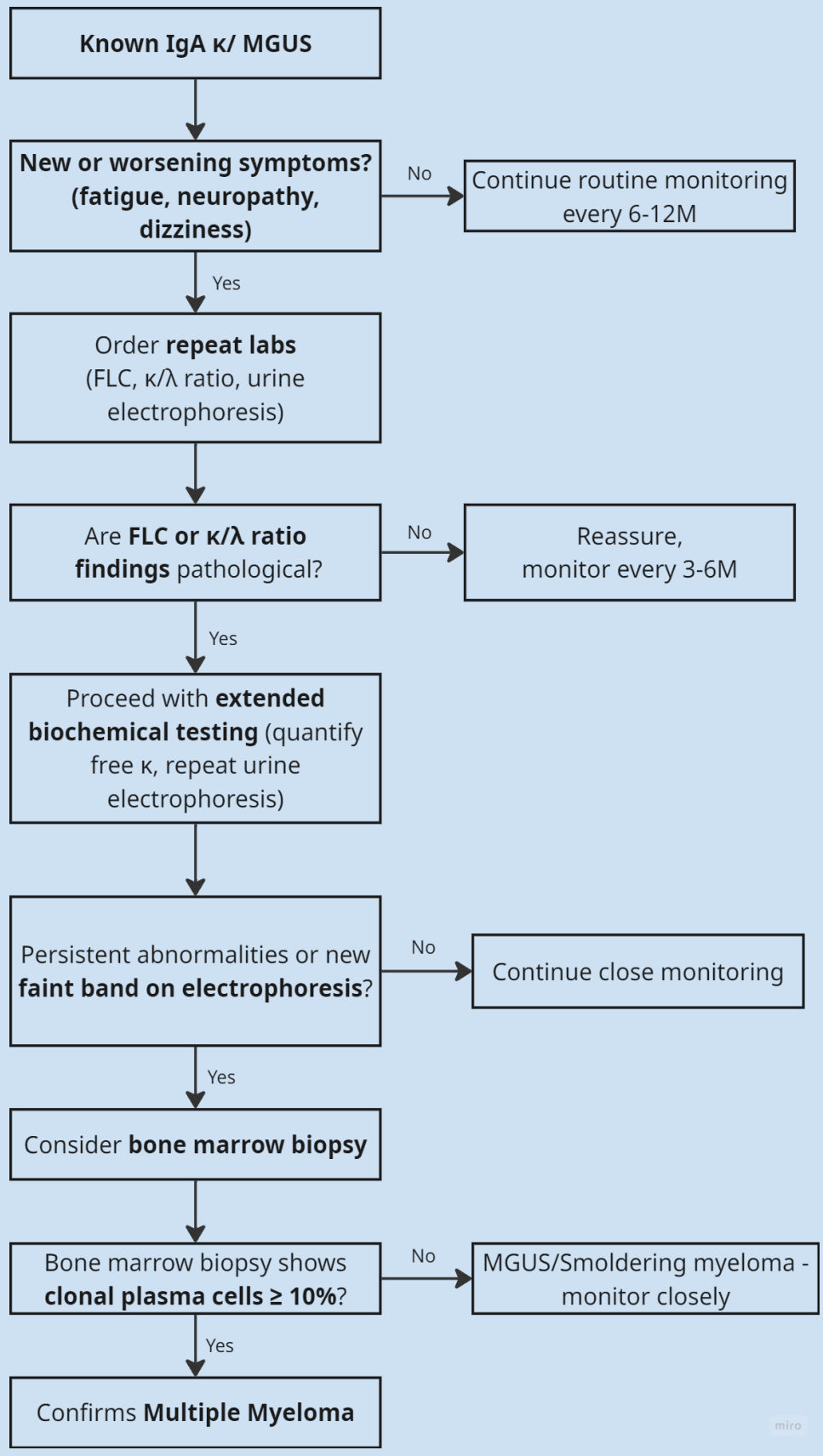

## THE CASE

An 82-year-old female with a history of IgA kappa monoclonal gammopathy presented with several months of progressive fatigue, disabling dizziness. She also had worsening peripheral sensory neuropathy with numbness, tingling in both upper and lower extremities, along with intermittent headaches.

Initial evaluation showed stable hemoglobin, a kappa free light chain level of 11.91 mg/dl, and a negative urine protein electrophoresis.

After four months, repeat testing revealed a kappa free light chain level of 10.20 mg/dl with an abnormal kappa/lambda ratio of 14.78; urine electrophoresis now demonstrated a faint kappa band. An extended panel showed a free kappa light chain concentration of 82.7 mg/L, and bone marrow biopsy confirmed 10–15% clonal CD138+ plasma cells, establishing the diagnosis of multiple myeloma (IgA kappa subtype).

## PRACTICE POINTERS




## KEY TAKEAWAY

***Progression from IgA κ gammopathy to MM can occur without CRAB features.***

***Subtle clinical changes like neuropathy, coupled with biochemical monitoring, are essential for early detection and timely intervention.***

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