Images

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Diffuse Punched out Lesions in Multiple Myeloma

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A 74-year-old woman with a history of osteoporosis and hypothyroidism presented to the emergency department (ED), complaining of constipation and musculoskeletal pain which began more than a month ago. Although she had been admitted to another ED 10 days ago, she noted no improvement. Vital signs were as follows: 36.6°C, blood pressure: 114/63 mmHg, SpO2:100%, pulse: 103 beats/minute. At initial laboratory tests; hemoglobin was 10.1 gr/dL, calcium 13.5 mg/dL, and creatinine 3.39 mg/dL. The skull radiography demonstrated diffuse lytic lesions in favor of multiple myeloma (Figure 1). Our patient's

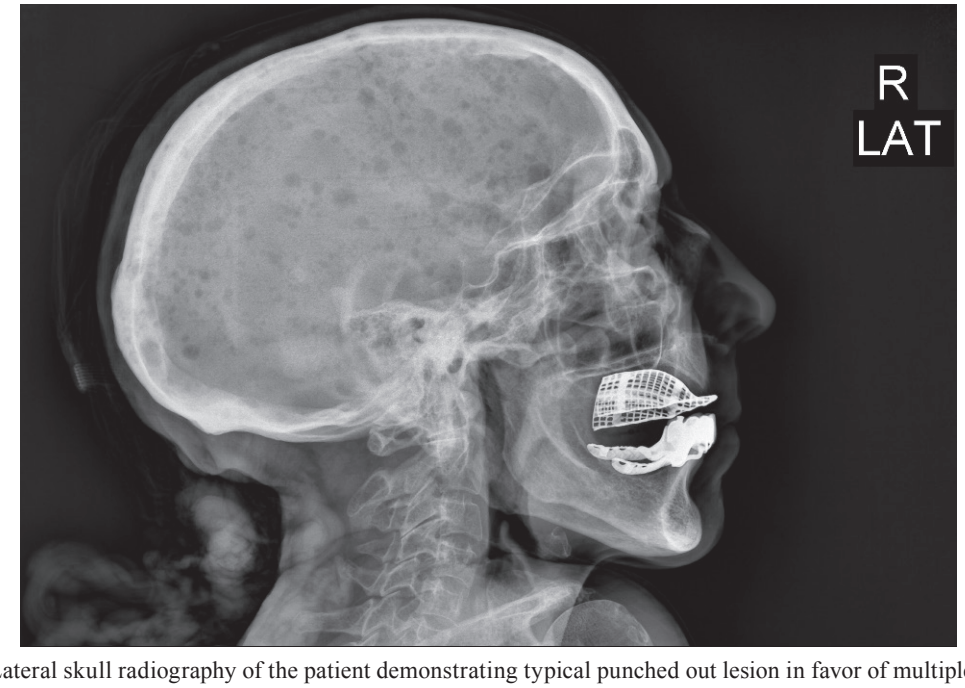

Fig. 1. Lateral skull radiography of the patient demonstrating typical punched out lesion in favor of multiple myeloma.

bone marrow plasma cell level was 20%, serum IgA level was 2201 mg/dL. She was treated with chemotherapy, however her prognosis was accepted as poor.

Multiple Myeloma (MM) is a human B-cell neoplasm characterized by the clonal expansion of malignant plasma cells in the bone marrow. It accounts for 10% of all hematologic cancers [1]. The typical features of MM are bone pain, weakness, fatigue, fever and infection. Account of M-protein, Bence-Jones protein and bone marrow clonal plasma cells required to be known in order for the diagnosis of asymptomatic MM. CRAB mnemonic (hyperCalcemia, Renal failure, Anemia, Bone lesions) can be used for diagnosing of active MM [2]. Medical management of symptomatic MM involves chemotherapy with or without an autologous stemcell transplantation.

Conflict of Interest: None declared.

References

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