

A case of refractory multiple myelomaRitesh Vekariya^a, Vishal Satadiya^a, Manish Bavaliya^a, Shyam Shah^{b,*}

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ABSTRACT

Multiple myeloma is a plasma cell cancer in which antibody-producing plasma cells grow in an uncontrolled and invasive way. The known incidence of multiple myeloma in India ranges from 0.5 to 1.2 per 100,000 & is a rare in India. It usually occurs in persons older than 55 years and the ratio of men: women is 3:2. Multiple myeloma affects the bones, immune system, kidneys and red blood cell count. We report a case of refractory multiple myeloma.

Keywords: M band, Pathologic fracture, Plasma cell cancer

INTRODUCTION

Multiple myeloma is a plasma cell disorder in which there is a monoclonal proliferation of plasma cells that produce whole monoclonal antibodies or fragments.¹ The M-protein is present in the gamma chain of globulin. The most frequent complications are painful pathologic fractures, anemia, hypercalcemia, and recurrent bacterial infections. Pathologic fractures occur in multiple myeloma due to proliferation of plasma cells in the bone and secondarily to activation of osteoclasts.² Proliferation is dependent on interleukin 6 (IL-6). The exact cause of myeloma is not known. The known incidence of multiple myeloma in India ranges from 0.5 to 1.2 per 100,000 & is a rare in India. It usually occurs in persons older than 55 years and the ratio of men: women is 3:2. The approximate survival is 5 years from the diagnosis.

CASE REPORT

A 40 years old female patient presented with the complaints of fever, body ache & weakness. She was having pain in the lower limbs & easy fatigability. She was a known diabetic patient. She had no other clinical presentations.

Patient was conscious and oriented, well-nourished and had episodes of fever. No icterus was seen but pallor was seen. There was no other abnormality in gastrointestinal, respiratory and cardiac system.

On undergoing routine test accidentally was helpful in detecting Myeloma. She had undergone CBC, which

showed severe anemia with raised ESR. ESR-120/after 1 hour. Serum Total Protein-7.9gm/dl, Serum Albumin-3.4gm/dl & Serum Globulin-4.4gm/dl with presence of "M" band. The M band-1.95/dl. Beta 2 microglobulin-5000 mcg/ml. MRI showed myelomatous deposits in the skull. Serum Creatinine was 0.6mg/dl and SGPT was 40 U/L.

After confirming the diagnosis patient was treated with six cycles of C-VAD, Thalidomide³ for six cycles along with Dexamethasone⁴, Lenalidomide with Dexamethasone⁴, and Melphalan for symptomatic and curative treatment. She is taking chemotherapy cycles since 6 years. She also had undergone two radiation cycles for the deposition of myeloma at the sacrum & lumbar region. Recently she also had undergone alpha-Anti TNF-Rituximab⁵, Bendamustine, Endoxan chemotherapy along with Dexamethasone for three cycles as she had developed refractory myeloma. She was given injections of Pamidronate/Zoledronate at regular intervals to protect her from pathologic fractures. Along with that she is on herbs, diet control and still continuing the treatment and showing a good fight to the disease.

At present she is on Doxorubicin, Thalidomide⁶ & Dexamethasone with overall good response to drugs. She is vitally stable & performing her daily activities. It's been more than 10 years & 42 chemotherapy cycles for her fighting against myeloma and is setting an example to fight cancer. Her Calcium, Albumin reports are normal & Beta2 microglobulin is 2750 mcg/ml.

DISCUSSION

According to a study by the European Cancer Register (2002), only around one third of all multiple myeloma patients live longer than five years.⁷ The patient despite of taking so many chemotherapy cycles and having myeloma since more than 10 years is fighting hard against myeloma with albumin & calcium levels normal. Newer drugs like Lenalidomide, Rituximab and other drugs along with positive approach in myeloma can prolong life of myeloma patients more than 10 years.

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