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MULTIPLE MYELOMA PRESENTING AS SMALL VESSEL VASCULITIS IN A PATIENT WITH NO CRYOGLOBULINEMIA: CASE REPORT

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BACKGROUND

Multiple myeloma (MM) is typically characterized by the neoplastic proliferation of plasma cells producing a monoclonal immunoglobulin. Most patients with MM present with signs or symptoms related to the infiltration of plasma cells into the bone or other organs or to kidney damage from immunoglobulin deposition. Skin involvement is rarely found in this disorder. There are reports of vasculitic cutaneous lesions associated with MM mostly due to cryoglobulinemic vasculitis. We report a case of multiple myeloma presenting as a small vessel vasculitis in a patient with no cryoglobulinemia and no other clinical feature of the disease.

CASE REPORT

An 80-year-old female patient was referred to our outpatient rheumatology clinic with history of pain in the fingers of both hands associated with vasculitic lesions that started one year before. She had also history of weight loss during this period (13 kg). Physical examination revealed small vasculitic cutaneous lesions in the extremity of fingers of both hands. Initial laboratory tests were hemoglobin 11.5 g/dL, leukocytes 21,400 (mm³), neutrophils 45%, platelets 229,000 (mm³), creatinine 0.7 mg/dL, urea 45 mg/dL, ESR 8 mm/h, ferritin 519 ng/mL, calcium 9.2 mg/dL. Serology for HIV, syphilis, hepatitis B and C were negative. Serum rheumatoid factor, ANA and cryoglobulins were also negative. Serum tumor markers (alpha-fetoprotein, CA 125, CA 19.9, CEA, CA15.3) were within normal range. Serum protein electrophoresis displayed monoclonal gammopathy. Immunoelectrophoresis demonstrated the presence of the monoclonal band IgG Kappa. As multiple myeloma was the diagnostic hypothesis, the patient underwent bone marrow aspiration that showed 12% of plasma cells. Plain radiographs of bones showed no osteolytic lesions. The patient underwent chemotherapy (bortezomib, cyclophosphamide and dexamethasone) and, after the 4th cycle, a new bone marrow aspiration was performed, but no plasma cells were found and the vasculitic cutaneous lesions had complete resolution.

CONCLUSION

We present a case of vasculitis of fingers in a patient with multiple myeloma without the classical clinical features, such as kidney or bone injury and negative for the presence of serum cryoglobulins. Small vasculitic cutaneous lesions may be the initial clinical feature of multiple myeloma and this malignancy must be suspected even in the absence of typical findings particularly in elderly patients.