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An unusual case of multiple myeloma with light chain cast nephropathy secondary to a very large plasmacytoma without bone marrow involvement

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Multiple myeloma is a plasma cell dyscrasia characterized by clinical features known as “CRAB criteria,” which include hypercalcemia, renal insufficiency, anemia, or the presence of lytic bone lesions. While typically multiple myeloma presents with bone marrow disease, it can also feature plasma cell tumors called plasmacytomas. A single plasmacytoma with minimal (<10%) or absent clonal marrow plasma cell involvement is a separate disease entity from multiple myeloma known as a solitary plasmacytoma. Here, we report a case of a patient who presented to Strong Memorial Hospital with new onset renal failure and anemia and was found to have multiple myeloma with lambda light chain cast nephropathy secondary to a very large (14 cm x 14 cm x 12 cm) plasmacytoma without bone marrow involvement. This case is notable as solitary plasmacytomas with low level or undetectable disease in the bone marrow are almost never seen with concomitant myeloma-defining CRAB criteria or significantly elevated serum free light chain ratio. Although solitary plasmacytomas are typically definitively treated with radiation, this case highlights that systemic treatment may be helpful in certain clinical scenarios.