

Skin lesions in a patient with multiple myeloma

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CASE REPORT

A 78-year-old woman presented at our outpatient clinic with multiple nodules on her breasts (*figure 1*). The lesions spread slowly and were firm and non-tender. Fifteen years ago she was diagnosed with multiple myeloma (IgG kappa, Durie-Salmon stage II) which was successfully treated with high-dose melphalan and autologous stem cell transplantation. However, she had recurrent disease for the last seven years and was subsequently treated with melphalan-prednisone, thalidomide, bortezomib and lenalidomide. Physical examination revealed no other abnormalities. Laboratory tests showed a normal level of calcium, renal insufficiency (glomerular filtration rate 35 ml/min), anaemia (haemoglobin count 6.3 mmol/l) and an IgG kappa paraprotein of 20 g/l. X-ray examinations showed osteolytic bone lesions in the radius, humerus, femur and tibia.

Figure 1. Metastatic skin lesions



WHAT IS YOUR DIAGNOSIS?

See page 334 for the answer of this photo quiz.

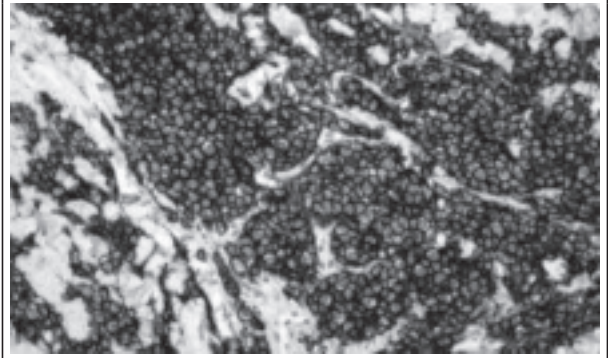
ANSWER TO PHOTO QUIZ (PAGE 330)
SKIN LESIONS IN A PATIENT WITH MULTIPLE MYELOMA

DIAGNOSIS

A skin biopsy was performed and immunohistochemistry revealed CD138 positive plasma cells (*figure 2*) with a similar expression of IgG immunoglobulin and light-chain kappa as identified in the serum of this patient.

Metastatic skin lesions in multiple myeloma are very rare and usually occur in patients with late stage disease. When these cutaneous metastases appear, the prognosis is poor with a reported survival of only a few months.^{1,2} Despite palliative chemotherapy with cyclophosphamide every two weeks, which resulted in a partial response, our patient died of progressive disease four months after the occurrence of the skin lesions.

Figure 2. Plasma cells in a skin biopsy



REFERENCES

1. Ballester-Martinez MA, González-García C, Fleta-Asín B, et al. Cutaneous nodules as a diagnostic clue in multiple myeloma. *Am J Dermatopathol.* 2013;35:377-80.
2. Requena L, Kutzner H, Palmedo G, et al. Cutaneous involvement in multiple myeloma: a clinicopathological, immunohistochemical and cytogenetic study of 8 cases. *Arch Dermatol.* 2003;139:475-86.