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**An Unusual Presentation  
of Myeloma**

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**Case Report**

A young man of 19 years of age was admitted in emergency with one and a half month's history of fever, yellow discolouration of sclera and palpitation. He had started passing blood in the stool for 5 days. He had been in good health previous to the present illness.

On examination he was very pale, with yellow sclera and a bruise on right eyelid. There was no lymph-adenopathy. Chest was clinically clear. Abdomen was soft with no splenomegaly but liver was just palpable.

Investigations revealed Hb. 4.42 Gm/dl with white blood cells of 2000 x 10<sup>9</sup>/L and scanty platelets. His liver function test showed Bilirubin of 16.4 mg/dl with SGPT 75 U/L, ALP 152 U/L. His prothrombin time was within normal limits; bleeding and clotting time was also normal. Hepatitis B surface Antigen was negative on two occasions. Chest X-Ray and Ultra sound of the abdomen were normal.

In view of anaemia with pancytopenia, bone marrow examination was arranged which showed greater than 70% of plasma cells including atypical forms and plasma-blasts. The finding was suggestive of Multiple myeloma. In the light of bone marrow result, a skull X-Ray was arranged which did not show any lytic lesion. However, protein electrophoresis showed an abnormal band (M-band). There was no Bence-jones protein detected in the urine.

A diagnosis of Multiple myeloma was made and cytotoxic (cyclophosphamide)<sup>4</sup> was given alongwith steroids. The treatment was started

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on 9.3.1992; the patient showed good response to the therapy. His Haemoglobin alongwith L.F.T. improved. Patient was discharged home to be followed up in the out-patient department.

Table-I shows the serial blood parameters and Table-II shows the liver function tests.

TABLE-I

## SERIAL BLOOD PARAMETERS

Date	4-3-92	8-3-92	15-3-92	22-3-92
HB (3.3. gm%)	4.42 Gm/dl	5.6 Gm/dl	9.6 Gm/dl	11.52 Gm/dl
WBC	2000/cmm	2000/cmm	5000/cmm	7900/cmm
Polys	46 %	40 %	46 %	59 %
Lympho	44 %	60 %	48 %	41 %
Atypical cells	10 %	—	06 %	—
Platelets	Scanty	Scanty	Reduced	15,000

TABLE-II

## LIVER FUNCTION TESTS

Date	1-3-92	7-3-92	19-3-92
Bilirubin mg/dl	16.4 mg/dl	12.4 mg/dl	9.4 mg/dl
SGPT U/L	750 U/L	358 U/L	174 U/L
ALP U/L	172 U/L	76 U/L	321 U/L

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The treatment was started on 9-3-92 and the change in blood parameters are evident in Table-I and II after that date.

### **Discussion**

In this young man with history of anaemia, jaundice, bruises with pancytopenia, the likely diagnosis was bone marrow suppression due to viral hepatitis but negative Hepatitis surface antigen did not favour this diagnosis. Enteric fever with complications and drug toxicity were also considered. However, negative Widal test and no-drug history did not support this diagnosis. Bone marrow examination led to the diagnosis. The diagnosis of Multiple myeloma<sup>3</sup> in a young man<sup>2</sup> with jaundice as its presenting complaint is rare. Although Multiple myeloma<sup>5</sup> can occur in young people i.e. age 15 years, it is rare. It was concurrent hepatitis which probably brought the patient to the hospital.

The patient has attended the out-patient department twice since his discharge. He has completely recovered from jaundice but needed repeated blood transfusions to improve his anaemia.

### **Acknowledgement**

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### **References**

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