

Chief Complaint (CC)

65 y/o female presents with recurrence of bone pain and, after initial workup by her referring physician, new bone lesions on skeletal survey

History of Present Illness (HPI)

Pt initially presented with bone pain and a fracture

- ISS 2 multiple myeloma was confirmed
- Induction with lenalidomide, bortezomib and dexamethasone (RVd) for 4 cycles, achieving VGPR
- HDT with melphalan 200 mg/m² and ASCT, achieving nCR
- Lenalidomide maintenance 10 mg on D1-21 q28d, with zoledronic acid
- At 12 mo, reduced lenalidomide to 5 mg D1-21 q28d due to cytopenias
- Stayed on maintenance for 3.5 yrs in nCR

Pt now presents with new lytic lesions on skeletal survey, and new and active bone lesions on PET-CT

- Bone marrow biopsy demonstrated 30% infiltrating plasma cells
- FISH demonstrated presence of hyperdiploid myeloma
- Hgb 10.5 g/dL, which is significantly lower than in previous 6 mo
- Normal renal function and albumin
- SPEP demonstrated IgG kappa protein 1.5 g/dL
- SFLC ratio 20:1
- UPEP normal

Past Medical History (PMH)

- Hypertension (well-controlled on oral medication)
- Hypothyroidism (well-controlled on oral medication)