

## **Chief Complaint (CC)**

54 y/o male with multiple myeloma presents with a rising IgA level after a long period of biochemical remission.

## **History of Present Illness (HPI)**

Pt initially presented to his PCP with progressive back pain over several months

- Imaging of his back revealed presence of lytic bone disease
- Pt was referred to hematologist/oncologist

Laboratory assessment revealed:

- |                  |                   |
|------------------|-------------------|
| • Hgb 12.3 g/dL  | • IgG 240 mg/dL   |
| • SCr 1.3 mg/dL  | • IgM 30 mg/dL    |
| • IgA 4000 mg/dL | • M-spike 2.8 g/L |

Skeletal survey revealed diffuse lytic bone disease in axial and appendicular skeleton

- Bone marrow biopsy showed 40% clonal plasma cells; kappa restricted
- FISH analysis revealed presence of t(4;14)
- Confirmed IgA kappa ISS stage 2, Durie-Salmon stage 3A multiple myeloma

Pt received bortezomib, lenalidomide and dexamethasone (VRd) induction for 4 cycles, achieving PR

- Pt underwent HDM and ASCT, followed by observation without maintenance therapy

After 16 mo, patient now presents with IgA increased to 1680 mg/dL and M-spike 1.2 g/dL