A CASE OF MUCOSAL BLEEDS

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Case History

65 year old farmer comes with 2 months of easy fatigability, loss of appetite, giddiness, weight loss of 8 kg, bleeding from oral mucosa. Examination revealed pallor, oral mucosal bleeds, macroGLOSSia, distal symmetric peripheral neuropathy. Investigations showed pancytopenia, hepatosplenomegaly, bone marrow hypocellular marrow with lymphoplasmacytic cells. Serum electrophoresis showed IgM peak. A diagnosis of Waldenstrom’s Macroglobulinemia is made and treated with dexamethasone, cyclophosphamide and rituximab. Interesting is the xray skull of the patient which shows lytic lesions which are very rare in Waldenstrom’s Macroglobulinemia.

Key-words: WALDENSTROM’S MACROGLOBULINEMIA, LYMPHOPLASMACYTIC CELLS, SKELETAL LYTIC LESIONS

Key Messages:

Skeletal lytic lesion are very rare in Waldenstrom’s Macroglobulinemia

Discussion:

CBC- TC 2700, Hb 5.4, MCV 82, Hct 16, platelets 4000, ESR 65, DC- P45 L54 Eo 1.
Peripheral Smear- pancytopenia with reticulocyte count 4
Reticulocyte production index- 0.71
PT-13.5 INR- 1.1 aPTT- 90 s aPTT corrected 45.5 s
Dct negative, RFT, LFT normal, serum Calcium normal,
ECG, Echocardiogram normal with EF 65 %
Usg abdomen- Hepto Splenomegaly present
Serum folate and B12 normal
Serum iron studies- decreased ferritin, iron, increased TIBC
Blood c/s, urine c/s – no growth
ANA Negative
Fecal occult blood test – positive
Ogd scopy and colonoscopy normal study
Sputum c/s, AFB- negative

Mantoux 8 mm
CT chest and abdomen- no lymphadenopathy. hepatosplenomegaly present, normal otherwise
Hbsag, anti Hcv, HIV- negative
Serum for EBV, CMV, HSV, Parvovirus negative
Bone Marrow Examination- Hypocellular smear, differentiated erythroid and granulocytic progenitors decreased. Rbc’s show extensive roulex formation. Significant lymphoplasmacytic cells present. Binuclear plasma cells +. Decreased iron staining.
Impression: Suggestive of plasma cell dyscracias - Lymphoplasmacytic lymphoma
Urine Bence Jone’s protein negative.
Serum electrophoresis with immunofixation –Ig M peak present
Xray skull- multiple lytic lesions present

Figure.1 - Xray skull- multiple lytic lesions present
Waldenstrom’s Macroglobulinemia With Skeletal Lytic Lesions.

Waldenstrom’s macroglobulinemia or lymphoplasmacytic lymphoma is associated with pancytopenia with hypocellular marrow, peripheral neuropathy, hyperviscosity, amyloidosis, bleeding manifestations, IgM peaks in serum electrophoresis, organomegaly, Raynaud’s phenomenon, cardiac failure and very rarely Bing Neel syndrome. It is also very rare to have renal involvement and skeletal lytic lesions in Waldenstrom’s Macroglobulinemia.

References:
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Acknowledgement:
Hematology Department, MMC