IgA Myeloma Presenting As Diabetes Mellitus with Refractory Anaemia

Sir,

We read with great interest documentation entitled ‘IgA myeloma presenting as diabetes mellitus with refractory anaemia’ (J Assoc Physicians India 2002;50:981-2). We agree with authors that this is indeed an unusual presentation of multiple myeloma. However, we wish to make few comments:

1. Authors have attributed proteinuria and chronic renal failure to the diabetic state of the patient. There are specific pathological conditions involving kidneys in multiple myeloma which may lead to non-light chain proteinuria and chronic renal failure. These include myeloma cast nephropathy, amyloidosis, Fanconi’s syndrome and monoclonal immunoglobulin deposition diseases. It is extremely difficult to arrive at a correct conclusion without kidney tissue histopathological evaluation.

2. Authors have mentioned that urine was negative for Bence Jones i.e. light chain proteinuria. It is not apparent which method was used to detect them. Certain light chains fail to react or react weakly in some widely used precipitation assays, such as the sulphosalicylic acid method, leading to falsely negative or under-estimated results. Also less than 50% of light chains show classical thermal solubility. Urine electrophoresis and immunoelectrophoresis or immunofixation of an adequately concentrated sample from a 24 hour urine collection is the definitive investigation which should be done to rule out light chain proteinuria.

3. Melphalan was used as the chemotherapeutic agent. However, in the setting of renal failure, VAD (Vincristine, Adriamycin and Dexamethasone) regimen may be a better alternative. These drugs (VAD) may be applied in full doses in patients with renal failure, since most of these drugs are excreted by the liver.

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REFERENCES


Reply from the Author

1. In the absence of histopathologic evaluation of kidney tissue it is not possible to conclude about the cause of chronic renal failure. As this patient was persistently thrombocytopenic a kidney biopsy could not be attempted. In the manuscript it has only been presumed that renal insufficiency was because of diabetes.
2. We have tested urine for BJP by the heat coagulation test. The ideal recommended method which is immunofixation is not presently available in our laboratory and could not be arranged from outside.
3. Regarding the chemotherapeutic drugs your suggestions are well taken.

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