Multiple Myeloma with Hepatosplenomegaly

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Sir,

The Case report “Multiple myeloma presenting with hepatosplenomegaly”¹ was interesting and we would like to offer these comments

1. Peripheral blood smear giving a clue to plasma cell dyscrasia in a case of hepatosplenomegaly - amyloidosis and secondary myelofibrosis need to be excluded. No bone marrow finding pertaining to exclusion of myelofibrosis and congo red staining/ IHC relating to amyloidosis has been made in this case.

2. Plasma cell leukaemia require more aggressive chemotherapy in form of Bortezomib based therapy from beginning. Thalidomide based chemotherapy has no role.

3. The major side effect of DVT occurs when tumour load is high and thalidomide is combined with chemotherapy. Accordingly in this setting anticoagulant prophylaxis with LMWH or aspirin is mandatory.²

4. Anaemia treatment part in this case has not addressed (either in terms of recombinant human EPO, iron supplements, blood transfusion, GCSF) neither its response to treatment (Thalidomide/ Bortezomib). Aggressive correction of anaemia can predispose to thrombotic events.

References