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HEMATURIA IN MULTIPLE MYELOMA

Ali Akbar Handjani, M. D. ✡ Bijan Nazari, M. D. ✡✡

Renal involvement occurs in about 50% of cases of Multiple Myeloma, and its clinical manifestations vary greatly from case to case.

The commonest lesion is usually associated with excretion of Bence-Jones protein. Pyelonephritis, chronic uremia, amyloidosis, a syndrome similar to the de Toni-Fanconi syndrome, renal tubular acidosis, nephrogenic diabetes-incipidous, and goutt are other clinical forms of multiple myeloma, with secondary involvement of the kidney. Bleeding tendency due to thrombocyto-penia, thromboembolic phenomenon, rupture of vessels are not uncommon in multiple myeloma but macroscopic hematuria is quite rare and has never been reported in literature.

The case we are presensing, is an exceptional case of multiple mye-loma associated with episodes of macroscopic hematuria.

Case roport : A 60 years old white female was first admitted on April 10, 1960 because of having episodes of transient, painless hematuria with abrupt onset following no immidiate apparent causes. The episodes of hematuria has never been accompanied by bleeding from any external or internal orifices.

Past history : was none contributory except for history of passing a renal stone a year prior to this admission.

On physical and laboratory examinations : Patient was found to be a fairly well norished, well developed female who was found to be in no apparent distress. On her blood examinations : R. B. C. was 2/400/000, W. B. C. 6/500 Hb : 50% Hct : 18% E. S. R. 120 mm. and other blood

✡ Prof. of medicin. University of Teheran, Iran.

✡✡ Assistant Prof. of medicine. University of Teheran, Iran.

chemistries including B. U. N., F. B. S. serum cholesterol were normal. Urine contained trace of albumin with a few R. B. C. and W. B. C. p. l. p. Immidiate cystoscopy was preformed which failed to reveal any pathology in bladder. Then I. V. P. was carried out which revealed both kidneys were in normal shape, size and excretion.

Patient was then discharged from the hospital with no definit diagnosis for her episodes of hematuria.

From April 20/1960 until March 1963 she was periodically visiting our clinic reporting frequent but transient episodes of hematuria.

On March 20, 1963 she was again admitted to the hospital because of marked anemia unproportionate to her hematuria, and low grade fever,.

Patients slow grade fever was attributed to pyelonephritis and was treated accordingly. Second attempt was made to have an I. V. P. and cystoscopy done which again failed to locate any pathology in the kidneys or bladder.

Because of low grade fever, anemin, hematuria and albuminuria, our attention was focused on the possible existing of one of the systemic diseases.

Laboratory data at this time revealed:

E. S. R.: 135 mm. Hb: 8gm. R. B. C. 2/300/000. W. B, C. 6200 B. U. N: 48mgm% alkaline phosphatase 8 units of Bodensky method, Ca: 9mgm% P: 4/3mgm% Urine contained++ albumin with no apparent casts.

Serum electrophoresis revealed: Albumin 53%, alpha^1 globulin 8.3% alpha^2 10%. Beta globulin 24%, gamma globulin 4.5%.

a bone marrow aspiration was carried out which revealed marked increase in the number of Plasma Cells of 27%. Platelets count was 250,000 Bleeding and coagulation time, prothrombin time were reported normal. Prothrombine consumption and generation were also within normal limits For the completion of our diagnostic findings, a chest x-ray, skeletal survey and skull series were taken in which, ares of bone destructions and punched out areas confirmed the diagnosis of multiple myeloma.

We also failed to carry on a renal biopsy because of refusal of the patient. L. E. preparations and Bences-Jones protein were negative in all occaisions.

Patient was discharged from the hospital and since then she has no apparent complaints except for malaise, low grade fever and anemia which is being treated accordingly.

Comment and Discussion

Multiple Myeloma with episodes of macroscopic hematuria is quite rare and has never been reported in literature.

Bleeding episodes in multiple myeloma due to thrombocytopenia' thromboembolic phenomenon and rupture of vessels are not uncommon.

The case history we discribed above is a very exceptional case of multiple-myeloma with a very slow but progressing course having episodes of macroscopic hematuris.

Summary

Frequent macroscopic hematuria in multiple myeloma is quite rare and exceptional and no report has been found in the literature.

We have presented a case of multiple myeloma who developed frequent episodes of gross hematuria during her long lasting but slowly progressing course of the disease

Résumé

Le syndrome hematurique massif chez les malades atteints de myelome multiple est exsessivement rare et à notre connaissance il n'existe aucune mention dans la literature medicale.

Notre malade souffre de myelome multiple à évolution très lente (depuis 6 ans) associé à un syndrome hematurique massif et intermittent.

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