A large, stylized leaf graphic in a dark blue color, positioned on the left side of the slide, partially overlapping the text.

# 75-year-old male presenting diffuse pain and inability to bear weight

Perpetual Taylor, MS3

# Radiograph



# Radiograph



# Radiograph



CT



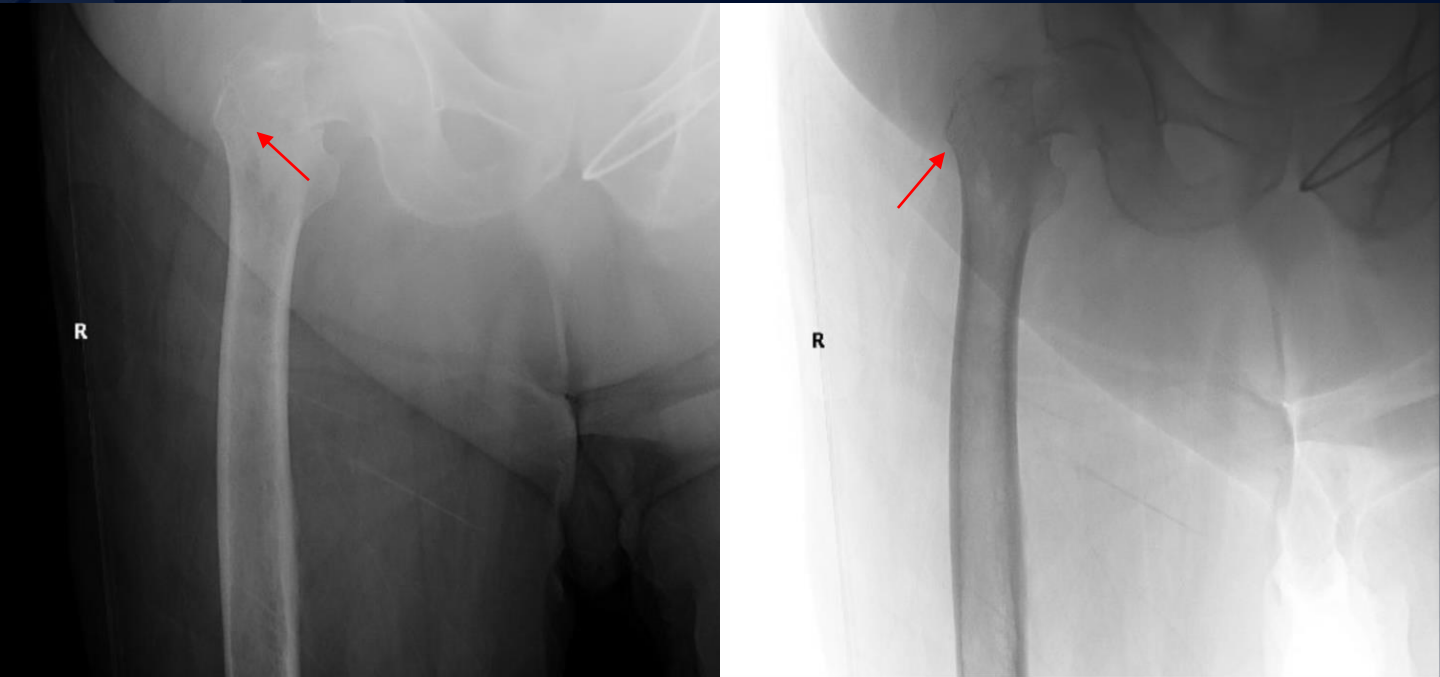
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features a prominent central vein and several smaller veins branching out, with a scalloped edge.

?

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off, with a scalloped edge.

# Multiple Myeloma

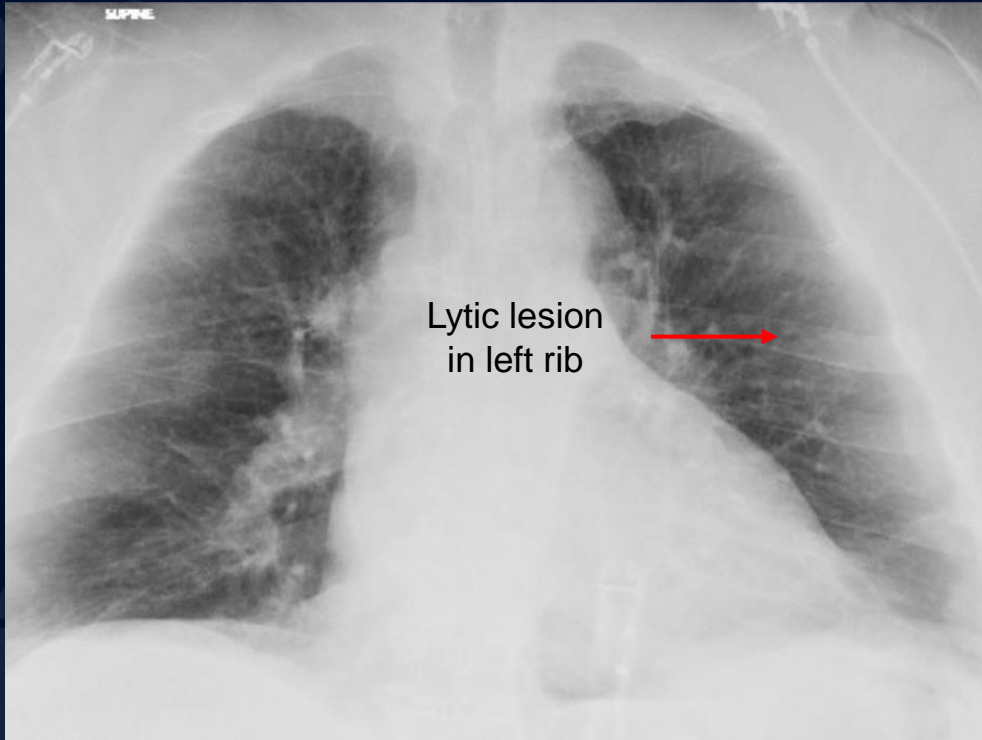
# Radiograph



Right intertrochanteric proximal femur fracture



# AP Radiograph

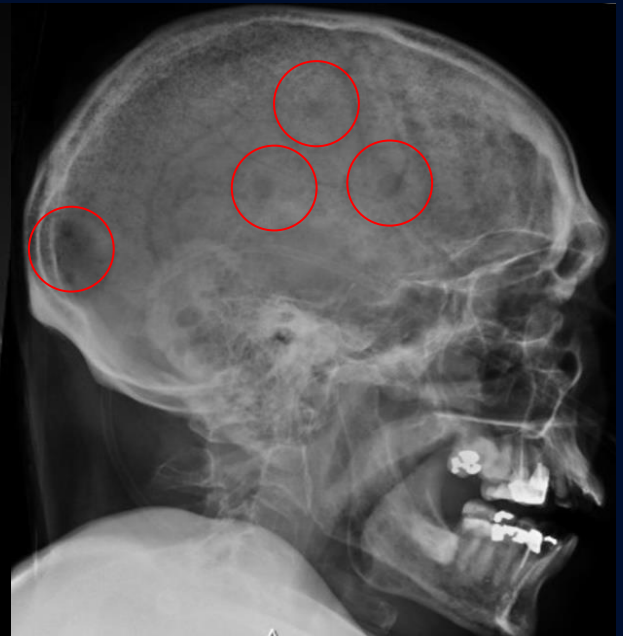


# Skeletal Survey



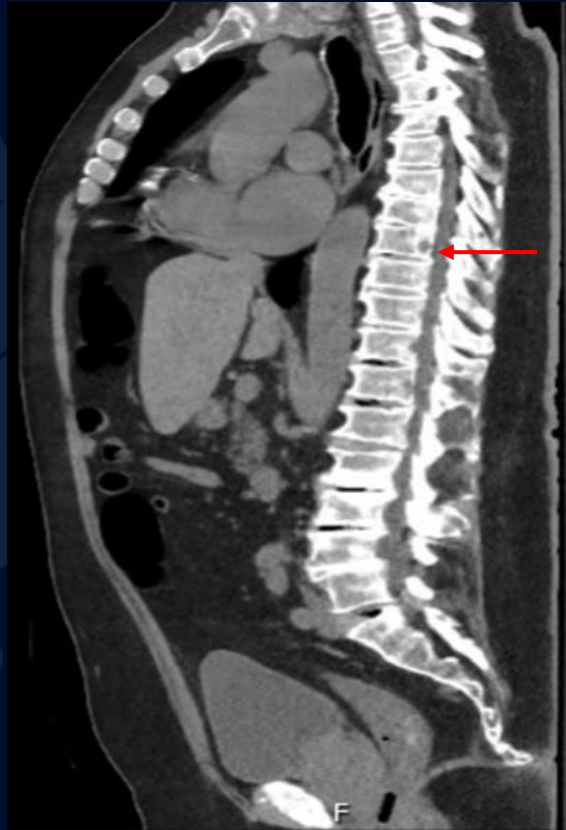
Lytic lesions on diaphysis of right humerus

Subtle lytic lesions of right radial diaphysis and distal right humerus



Punched-out lytic lesions

CT



T8 posterior vertebral body lytic lesion

# Multiple Myeloma

## Epidemiology

- ~ 1 to 2% of cancers and 17% of hematologic cancers
- Annual incidence of about 7 per 100,000 in the U.S
- Most common in African American men aged 65 to 75

## Etiology

- Hyperplasia of plasma cells in bone marrow

## Diagnosis

- Serum protein electrophoresis (SPEP) - monoclonal spike
- Urine protein electrophoresis (UPEP)
- Serum free light chain analysis - elevated light chain
- Serum protein immunofixation - immunoparesis
- Urinalysis - light chain casts
- Peripheral blood smear - Rouleaux formation
- Bone marrow biopsy - >10% plasma cells
- **Whole body MRI/F-FDG-PET/CT**
- **Skeletal survey- punched-out lytic lesions, osteopenia, and pathologic fractures**

# Multiple Myeloma

## Clinical Presentation

- Hypercalcemia
- Renal failure
- Anemia (typically normocytic)
- Bone pain
- Weight loss
- Infection

## Differential

- Osteoporotic fracture (i.e., vertebral compression fracture)
- Trauma-related fracture
- Hyperparathyroidism
  - Primary
  - Secondary
  - Tertiary
- Small cell lung secreting PTHrP
- Osteomalacia
- Paget's disease
- **Multiple myeloma**

## Treatment

- Proteasome inhibitors
- Induction chemotherapy
- Hematopoietic stem cell transplant
- Anti-CD38 monoclonal antibody
- Palliative radiation therapy

# References

- Laubach, J. P. (2022). *Multiple myeloma: Clinical features, laboratory manifestations, and diagnosis*. UpToDate. Retrieved March 29, 2023, from [https://www-uptodate-com.online.uhc.edu/contents/multiple-myeloma-clinical-features-laboratory-manifestations-and-diagnosis?search=multiple+myeloma&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1#H38](https://www-uptodate-com.online.uhc.edu/contents/multiple-myeloma-clinical-features-laboratory-manifestations-and-diagnosis?search=multiple+myeloma&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H38)
- Laubach, J. P. (2023). *Multiple myeloma: Overview of management*. UpToDate. Retrieved March 29, 2023, from [https://www-uptodate-com.online.uhc.edu/contents/multiple-myeloma-overview-of-management?search=multiple+myeloma&topicRef=6649&source=related\\_link](https://www-uptodate-com.online.uhc.edu/contents/multiple-myeloma-overview-of-management?search=multiple+myeloma&topicRef=6649&source=related_link)