COMy

The 6th World Congress on

CONTROVERSIES IN MULTIPLE MYELOMA (COMy)

LIFE THREATENING GASTROINTESTINAL BLEEDING DUE TO COLONIC PLASMACYTOMAS IN A HEAVILY PRETREATED YOUNG MYELOMA PATIENT

Omur Gokmen Sevindik[1], Aliihsan Gemici[1], Yaşa Gül Mutlu[1], Sevil Sadri[1], Hüseyin Beköz[1], Deniz Sargın[1]

1) Istanbul Medipol University, Department of Hematology, Istanbul, Turkey

Abstract Body

Myeloma patients who present with or develop multiple extramedullary extraosseous plasmacytomas have a dismal prognosis even in the era of novel therapies.
We present a young case who has received multiple lines of therapy and developed a heavy GI bleeding due to multiple colonic polypoid plasmacytomas.

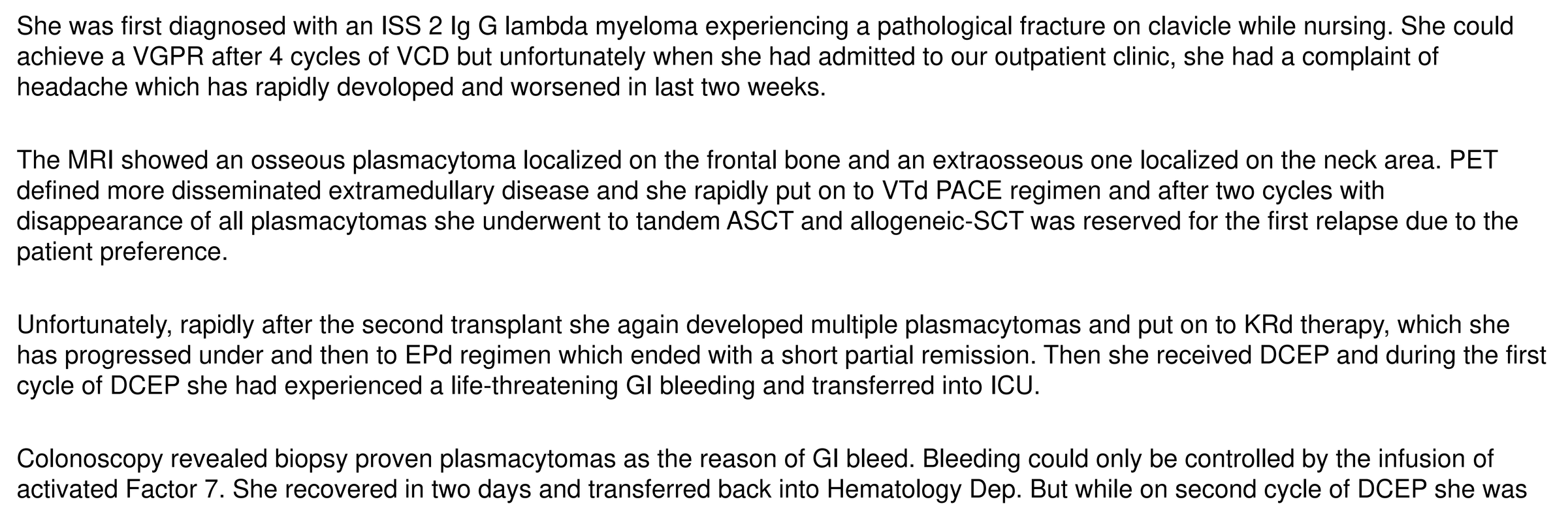
A 23 year old patient was referred to our center in order to be evaluated for a planned ASCT after receiving 4 cycles of VCD induction therapy at another institute.

She was first diagnosed with an ISS 2 Ig G lambda myeloma experiencing a pathological fracture on clavicle while nursing. She could achieve a VGPR after 4 cycles of VCD but unfortunately when she had admitted to our outpatient clinic, she had a complaint of headache which has rapidly devoloped and worsened in last two weeks.

The MRI showed an osseous plasmacytoma localized on the frontal bone and an extraosseous one localized on the neck area. PET defined more disseminated extramedullary disease and she rapidly put on to VTd PACE regimen and after two cycles with disappearance of all plasmacytomas she underwent to tandem ASCT and allogeneic-SCT was reserved for the first relapse due to the patient preference.

Unfortunately, rapidly after the second transplant she again developed multiple plasmacytomas and put on to KRd therapy, which she has progressed under and then to EPd regimen which ended with a short partial remission. Then she received DCEP and during the first cycle of DCEP she had experienced a life-threatening GI bleeding and transferred into ICU.

Colonoscopy revealed biopsy proven plasmacytomas as the reason of GI bleed. Bleeding could only be controlled by the infusion of activated Factor 7. She recovered in two days and transferred back into Hematology Dep. But while on second cycle of DCEP she was lost due to a gram negative septicemia.



Presenting Author:
Omur Gokmen Sevindik
Istanbul Medipol University, Istanbul, Turkey
Omurgok17@hotmail.com
+905437870708