Pyoderma gangrenosum as a manifestation of multiple myeloma

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Introduction: Pyoderma gangrenosum (PG) is a rare ulcerative cutaneous condition characterized by rapidly progressing skin necrosis. Approximately 50% to 70% of patients have an underlying systemic disease, most commonly inflammatory bowel disease (14 to 34%), arthropathies (11 to 25%), and hematological disease (20%). We experienced a case of patient with multiple myeloma which was initially presented as PG and recovered after chemotherapy. **Case:** An 81-year-old man was referred from local clinic due to multiple skin lesions which did not respond to antibiotics. Skin lesions were bullous ulcers with hemorrhage in right eyelid, forearm and lower lip. He had no specific past medical history. Skin biopsy was performed and showed infiltration of polyclonal plasma cell, so it was not compatible with plasmacytoma. Laboratory finding showed that anemia (hemoglobin 8.8 mg/dL), reversed albumin-globulin ratio (Total protein 5.4 g/dL, albumin 2.2 g/dL), increased β2-microglobulin (8.22 mg/L) and no growth in the wound culture. Protein electrophoresis showed monoclonal gammopathy, and immunofixation revealed lambda type in serum and urine. Bone marrow examination demonstrated extensive plasma cells infiltration (91.3%). So he was diagnosed multiple myeloma, lambda type, International Staging system III. The endoscopic studies were not showed abnormal findings. He received bortezomib/melphalan/prednisolone chemotherapy. Within 1st cycle of the chemotherapy, his skin lesion is almost completely recovered. **Discussions:** To our best knowledge, this is the first report of PG associated with multiple myeloma in Korea. This case highlights the importance of considering antibiotics-refractory skin lesions as one of the manifestation of hematologic malignancy. Especially bullous PG is most commonly seen in patients with related to hematologic disease. Therefore, careful clinical assessment should be performed in all patients who present with lesions clinically suggestive of PG.

A case of multiple myeloma and chronic myeloid leukemia presented simultaneously

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Introduction: Multiple myeloma (MM) and chromic myeloid leukemia (CML) are uncommon malignancy which accounts for approximately 1.6% and 0.4% of all newly-diagnosed cancer respectively. MM and CML diagnosed at the same time in one patient is an extremely rare event and this has been reported only in 4 cases previously in the world. In this report, we describe a case of synchronous MM and CML. **Case:** A 64-year old man was referred to our hospital for evaluation of right pleural soft-tissue mass and sternal osteolytic lesion incidentally detected on chest computed tomography. He had no symptoms and physical examination was unremarkable. Complete blood count showed white blood cell count 13.1×109/L, hemoglobin 8.3 g/dl, and platelets 234×109/L. Reversal of albumin-globulin ratio (total protein 11.8 g/dl, albumin 2.3 g/dl), renal dysfunction (creatinine clearance 38.4 mL/min), and hypercalcemia (calcium 11.8 mg/dl) were detected. 7 g of monoclonal IgA, lambda type was detected in serum immunoelectrophoresis. Serum kappa/ lambda free light chain ratio was 0.006. Serum ß2 microglobulin was 19.8 mg/L. Radiological investigation showed multiple osteolytic lesions in skull and axial skeleton. Needle biopsy of pleural mass showed plasma cell infiltration which were positive in the immunohistochemical stain for CD 138. A bone marrow biopsy and aspirates showed increased cellularity up to 90% with myeloid and focal plasma cell hyperplasia. Molecular analysis revealed BCR/ABL rearrangement. Consequently, He diagnosed stage III MM and low-risk CML according to International Staging System (ISS) and Sokal score respectively. We decided to treat high-stage MM first rather than low-risk CML. He was started to administrate thalidomide 100 mg daily and dexamethasone 40 mg on D1-4, D15-18. After 4 weeks, however, he died of pneumonia. And we could not access the treatment response. **Conclusions:** This is a first case in Korea that MM and CML presented in one patient simultaneously. Further cases are needed to figure out the clinical characteristics and evaluable treatments.