

CLINICAL IMAGE IN MEDICAL PRACTICE

VELVETY, HYPER PIGMENTED AND FISSURED SKIN: MULTIPLE MYELOMA-ASSOCIATED SKIN LIGHT CHAIN AMYLOIDOSIS

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A 60-year-old male presenting with weakness, muscle wasting, peripheral sensory impairment and generalized body ache, finally diagnosed as Multiple Myeloma has this generalized skin changes.

A 60-year old man presented on 24/12/2016 with tingling, burning sensation and numbness in the hands and feet, progressive muscle weakness and wasting for 1 year; dryness, thickening, darkening and fissuring of skin over all body for 6 months. Patient also had complained generalized aches and pains and occasional low grade fever. He did not have Diabetes or Hypertension. In spite of receiving calcium and vitamin supplements, there was no improvement. Examination revealed an ill looking but cooperative elderly man with mild anaemia, tenderness over sternum and other bony areas, hyper pigmented, thick velvety, fissured skin all over body, there was no peri orbital purpura. Muscles of hand, forearm, feet, and leg were wasted with reduced muscle power and tone. Ankle jerks were absent bilaterally and all sensory modalities were impaired in the distal part of limbs. Investigations showed a persistently elevated ESR over 100 mm of Hg, normocytic anaemia

with increased rouleaux formation, Urine for Bence Jones protein was negative, hypercalcaemia was present, and reduced serum albumin. Serum protein electrophoresis showed Monoclonal band in gamma region and IgM Kappa type was determined by immunofixation. Study of the marrow revealed hypercellularity, increased M/E ratio, diffuse and patchy lymphocytic infiltration (35%) with significant number of plasmacytoid lymphocyte (10%). Nerve conduction study of cross limb revealed demyelinating neuropathy of peripheral nerves. Skin biopsy showed broad and dome shaped dermal papillae containing abundant deposit of amyloid-like amorphous eosinophilic material staining with Congo Red. Rectal mucosal biopsy was also done but it was normal.

References:

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