

Abstract

Subgroup of patients with multiple myeloma (15%-20%) are found to have only a light chain within the serum or urine, lacking expression of the usual heavy immunoglobulin chains, and this entity is identified as a distinct subtype known as light chain multiple myeloma (LCMM). These patients are usually detected via serum free light chain assays and urine protein electrophoresis with urine immunofixation. Total serum protein levels are found to be normal among these patients as the free light chain levels rarely affect the total protein concentration. Patients often present with clinical features of anaemia, hypercalcemia and renal failure with other accompanying constitutional symptoms. The incidence of renal failure has found to be higher in patients light chain myeloma and overall prognosis is usually known to be poorer among these patients when compared with other subtypes. The case described is of a previously healthy middle aged male patient who presented to a tertiary health care centre with non- oliguric acute kidney injury with unexplained pancytopenia and hypercalcemia who was later diagnosed with light chain multiple myeloma and treated with 6 cycles of bortezomib, cyclophosphamide and dexamethasone resulting in good clinical and haematological response indicated by resolution of symptoms and deranged biochemical parameters.