

Abstract

Bi-clonal gammopathy is a rare presentation of multiple myeloma characterized by the appearance of two varieties of monoclonal proteins. The main pathology involves the excessive proliferation of plasma cells in the bone marrow, resulting in abnormal immunoglobulin production and leading to several complications. Bi-clonal gammopathy patients often experience more symptoms than their monoclonal counterparts.

We report a case of a patient who presented with fatigue, lethargy, and exertional shortness of breath lasting for three weeks. He was found to have T bi-clonal gammopathy with IgA lambda and IgG kappa. The treatment was started with chemotherapy (IV bortezomib) alongside dexamethasone, eventually followed by oral thalidomide. The patient experienced a few side effects after treatment but responded well to the drugs.

Usually, the monoclonal protein presents in the gamma region as a single discrete band. Rarely, two sets of bands may appear, either from a single clone