

Abstract

Multiple myeloma (MM) is a haematological malignancy characterized by proliferation of plasma cells producing monoclonal immunoglobulin. These plasma cells proliferate in the bone marrow and often result in skeletal destruction with osteopenia, osteolytic lesions, and/or pathologic fractures. Additional disease-related complications include renal insufficiency, anemia, hypercalcemia, and infections. I present the case of a 55-year-old male who presented with acute flaccid paraparesis with the background history of subacute kidney injury. On further inquiry he also admits that he was having mechanical type of back pain at mid-thoracic region for two months and generalised weakness, malaise, and weight loss.

In this case the acute presentation with flaccid paraparesis with sensory level around thoracic sixth spinal level, subacute kidney injury, symptoms of anemia, and mechanical back pain made us to suspect multiple myeloma with multisystem involvement. Further workup demonstrated anaemia, hypercalcaemia, renal involvement with high serum creatinine and proteinuria, sharp peak corresponding to gamma region in serum protein electrophoresis, and multiple lytic lesions on skeletal survey. The bone marrow aspiration biopsy showed 40% of plasma cells lead the diagnosis of MM comprehensively. CT thoracic spine shows extensive lytic lesions and collapse of T6 Vertebrae with causing canal stenosis and cord compression

Here in this case the patient cannot carry out any self-care and totally confined to bed due to paralysis, severe renal and bone involvement with anaemia carried poor prognosis. Despite haemodialysis, radiotherapy and all other general measures the patient was deteriorated. Therefore multidisciplinary meeting conducted and the family members were educated regarding the prognosis and outcome, and also decided not to resuscitate, and end of life care was given. The patient was passed away while in the ward.