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Association of scleroderma with multiple myeloma: a rare association

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Introduction:

Coexistence of scleroderma with multiple myeloma (MM) is an unusual association. Scleroderma is reported to be associated with solid tumors but association with multiple myeloma (MM) has rarely been reported. We report a case of a 70-year-old man who presented concomitantly with scleroderma and MM.

Observation:

A 70-year-old man with antecedents of diabetes, hypertension and autoimmune hypothyroidism was admitted for diabetes control. At that time, he noticed asthenia, inflammatory arthralgia and a dry cough. On physical examination patient had thickened tight skin all over the body with a sclerodactylia, a reduced mouth opening and a reduced ability of hand closure. Scleroderma was so suspected. A restrictive pulmonary dysfunction was detected. A chest computed tomography showed a pulmonary fibrosis (figure1)

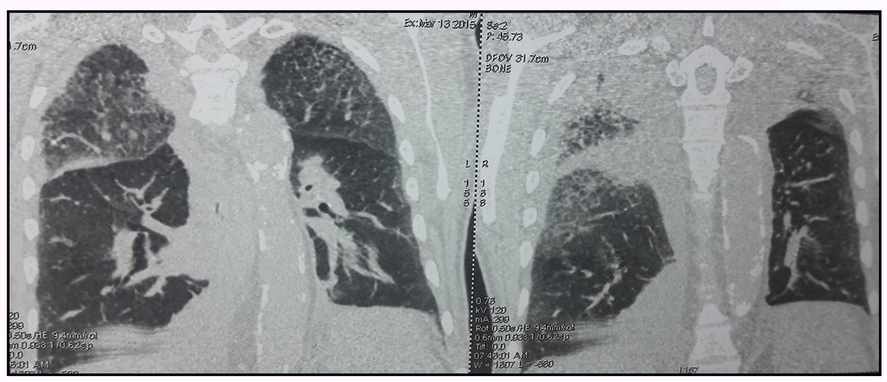

Figure1 : A chest tomography scan revealed pulmonary fibrosis

The diagnosis of sclroderma was made. According Eular criteria 2013 the patient had a score of 12 (Skin thickening of the fingers extending proximal to the metacarpophalangeal joints and pulmonary fibrosis).
Laboratory tests revealed a sedimentation rate at 145 mm, a hemoglobin rate at 8.8 g/dl, a creatinine rate at 133 µmol/l and a calcium level at 2.35 mmol/l.

Serum protein electrophoresis showed a monoclonal gammapathy (figure2) which on subsequent immunoelectrophoresis was identified as Ig G lambda.

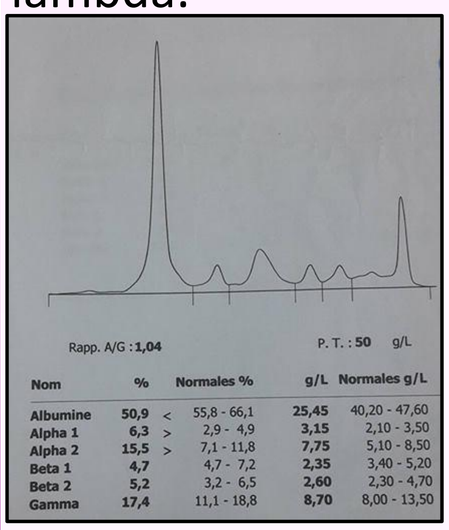

Figure2 : Serum protein electrophoresis showing a monoclonal gammapathy

A bone marrow biopsy was performed and showed a plasma cell infiltration more than 50%. The diagnosis of a stage II A multiple myeloma was so made. The patient was treated with Melphalan and Prednisone. The evolution was marked by the death of the patient one year after the diagnosis of the myeloma.

Discussion and conclusion:

Scleroderma is a chronic autoimmune disease. There is possibility that inflammation and deregulation of immune system in this autoimmune disorders precedes clonal proliferation of plasma cells and thus, it leads to the emergence of MM. Nevertheless, these disorders still remain under investigation. The association of scleroderma with MM is rare. To the best of our knowledge, only around twenty cases of sceleroderma associated with MM have been reported in the literature. As this association may worsen the prognosis, it is suggested that all patients with scleroderma should be screened for monoclonal gammopathy.