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Young Patient with Multiple Myeloma Without Transplant Access: Clinical Evolution with Persistent Positive MRD (MRD+)

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BACKGROUND AND PURPOSE

Background: Multiple myeloma (MM) in young adults is rare and typically presents with heterogeneous clinical outcomes. Persistent MRD+ despite complete clinical response requires close monitoring.
Puporse: To present the case of a young MM patient with renal failure who achieved and maintained a complete hematological and renal response (RCH-RCR) with persistent MRD+, without access to transplant.

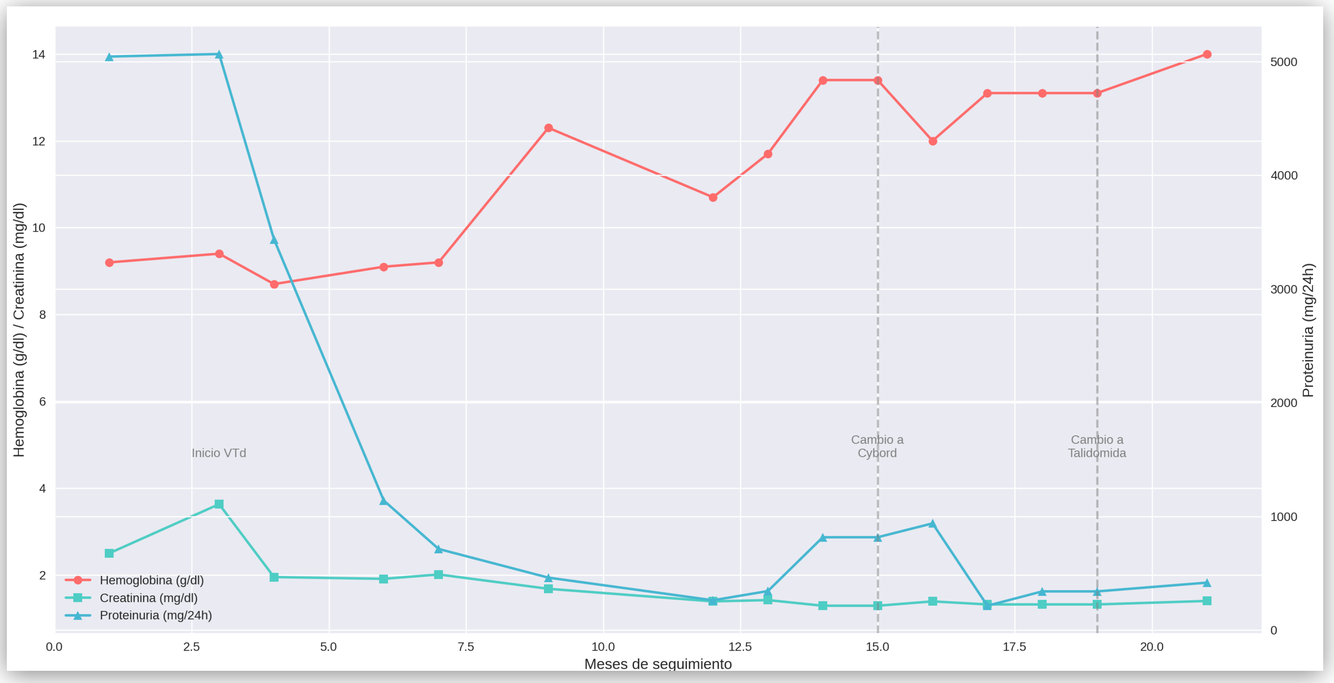
DESCRIPTION

A 25-year-old male with 4 months of nausea and vomiting, weight loss, intermittent hematuria, recently diagnosed with hypertension. Labs showed anemia (Hb 9.2 g/dL) and altered renal function (Cr 2.5 mg/dl, Proteinuria 5043 mg/24h), albumin 4.5 mg/dl and β2-microglobulin 5.6 mg/L. Renal biopsy revealed Lambda light chain monoclonal Ig deposition glomerulopathy and congo red negative staining. Immunofixation test confirmed monoclonal Lambda gammopathy. Light Chain: Kappa 38.9mg/L and Lambda 425.6mg/L. Bone marrow aspirate: 11% plasma cells (Lambda-restricted confirmed by flow cytometry). No bone lesions or hypercalcemia.

The patient received 12 cycles of VTD (Bortezomib, thalidomide, Dexamethasone), achieving RCH-RCR with MRD+, in the fourth and seventh cycle respectively. Due to progressive increase proteinuria (up to 939 mg/24h) and bone marrow aspirate with 15% plasma cells, he received 4 cycles of CyBorD (Cyclophosphamide, Bortezomib, Dexamethasone) with RCH-RCR, MRD+.

Currently, he remains in RCH-RCR, MRD+, with maintenance therapy Thalidomide for 3 months, asymptomatic with stable proteinuria and normal free light chain ratio.

Figure 1. Evolution of hemoglobin, creatinine, and proteinuria levels



CONCLUSION

Standard regimens can lead to complete responses in young MM patients without access to transplant. Despite MRD+, disease control and improved quality of life are possible. Proteinuria may serve as a biomarker for relapse in MM.

REFERENCES

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