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MONOCLONAL GAMMOPATHY OF RENAL SIGNIFICANCE: A CASE OF DIAGNOSTIC REEVALUATION AND TREATMENT SUCCESS

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Introduction

Monoclonal gammopathy of renal significance (MGRS) is an underdiagnosed entity in which a monoclonal gammopathy causes kidney damage without meeting the criteria for multiple myeloma. A definitive diagnosis requires histological analysis through a renal biopsy. Treatment is based on controlling the underlying disease to reverse and prevent the progression of kidney damage.

The purpose is to evaluate the diagnosis and treatment effectiveness in a case of MGRS at a single center.

Methods

We make a retrospective analysis of the diagnostic, study and treatment of an MGRS case in a single center.

Results

Nephropathy

- A 50-year-old patient was admitted to the nephrology department in 2022 due to nephrotic syndrome with edema and 8 g of proteinuria/24h. The patient tested positive for anti-Pla2R antibodies, with no evidence of monoclonal gammopathy at that time. A renal biopsy could not be performed due to the need for active anticoagulation, leading to a diagnosis of primary membranous nephropathy (MN). The patient underwent two lines of treatment (Ponticelli regimen and Rituximab) with refractory response.

Continuation

- A subsequent biopsy confirmed MN. A monoclonal component (CM+), IgG-Kappa, was detected, consistent with monoclonal gammopathy of undetermined significance (MGUS). During follow-up, the patient developed Guillain-Barré syndrome and episodes of immune grade-4 thrombocytopenia.
- In 2024, a re-evaluation of the renal biopsy revealed IgG-Kappa deposits, ruling out primary MN

MGRS

- Further hematological studies showed no findings consistent with multiple myeloma. The patient was diagnosed with MGRS and started treatment with Daratumumab + CyBORDEX for six cycles, achieving proteinuria <1g/24h, with minimal residual hematological disease showing CM 0.1 IgG-Kappa (attributed to Daratumumab). The patient is currently awaiting autologous stem cell transplantation.

Conclusion

The patient presented with an autoimmune condition, possibly associated with the gammopathy. Renal biopsy is key to diagnosing MGRS. In our experience, targeted treatment for MGRS has been effective in reducing proteinuria.

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