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**Concurrent Essential Thrombocythemia and Multiple Myeloma Presenting With Marked Thrombocytosis at Diagnosis: A Rare Case Report**

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Multiple myeloma (MM) typically presents with normal or reduced platelet counts at diagnosis. Thrombocytosis as an initial manifestation is exceedingly rare and may obscure the diagnosis, particularly in the presence of a concomitant myeloproliferative neoplasm. Accurate identification of the underlying etiology of thrombocytosis is crucial for appropriate management.

A 68 year old male was referred in November 2019 for marked thrombocytosis. Initial laboratory evaluation revealed a platelet count of 838,000/mm<sup>3</sup> with normal hemoglobin and leukocyte levels. Bone marrow aspiration demonstrated hypercellularity with increased megakaryocytes and 10–12% plasma cells. Further evaluation showed an IgG kappa monoclonal gammopathy with an elevated serum free kappa/lambda ratio. Bone marrow biopsy revealed CD138-positive plasma cells accounting for 20–30% of cellularity with kappa light-chain restriction. PET-CT showed no pathological FDG uptake, and cytogenetic analysis was normal.

JAK2 V617F mutation testing was negative, while CALR exon 9 mutation was positive, confirming essential thrombocythemia (ET). The patient was diagnosed with CALR-positive ET and asymptomatic MM (R-ISS stage I, CRAB-negative) and was initially managed with hydroxyurea and aspirin for ET, while MM was observed without therapy. In April 2025, the patient developed symptomatic anemia and biochemical progression. Bone marrow biopsy revealed 90–95% plasma cell infiltration. Sequential anti-myeloma therapies (VCD, VRD, and KRD) achieved a deep response, with plasma cells reduced to 4–5%. The patient successfully underwent stem cell mobilization and is currently receiving KRD therapy with plans for autologous stem cell transplantation. Normalization of platelet counts allowed discontinuation of hydroxyurea. Following autologous stem cell transplantation, maintenance therapy with lenalidomide was initiated and the patient continues to be followed with continued clinical and laboratory follow-up.

Thrombocytosis at the time of MM diagnosis is extremely uncommon and may reflect an underlying myeloproliferative neoplasm such as ET. This case highlights the importance of comprehensive diagnostic evaluation of thrombocytosis and individualized treatment strategies based on coexisting hematologic malignancies.