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Abstract Group: 1.5. Diffuse Parenchymal Lung Disease

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Title: Lung involvement in multiple myeloma - study case

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Body: Background: Multiple myeloma (MM) cells are rarely found in extramedullary sites. Lung involvement in MM is rarely diagnosed antemortem. We report a case in which the myeloma was diagnosed after we discovered the presence of monoclonal plasma cells in the bronchoalveolar lavage fluid (BAL). Case-study: A 60 years old man, smoker, with no history of respiratory hospitalization was admitted in our hospital with fever, chronic cough, significant weight loss and progressive dyspnea in the previous two months. Chest x-ray: diffuse, bilateral lower-zone reticulo-nodular shadowing. Repeated exams of sputum smear were negative for Mycobacterium tuberculosis (both microscopy and culture). Thorax CT scan: scattered ground glass opacities in both lungs suggestive of interstitial lung disease, no suspect thoracic lymph nodes. Bronchoscopy was performed and bronchoalveolar lavage (BAL) fluid revealed the presence of monoclonal plasmatic cells in BAL. The diagnosis was Multiple myeloma IgG type stage III subclass A. In time the patient had a rapid decrease of cardiac and respiratory function and the chest x-ray after 4 months showed the extension of the interstitial infiltrates in lower fields of both lungs. Because of his cardiac condition (ischemic heart disease, cardiomyopathy and sinus tachycardia) he couldn't start specific chemotherapy for MM so his prognosis is severe. Conclusions: Diffuse parenchymal infiltrates in the lung due to MM are rare but should be considered when finding pulmonary infiltrates. Analysis of BAL fluid for plasma cells is a noninvasive method to establish a diagnosis. Pulmonary MM with comorbidities is associated with rapid progression of the disease unlike primary pulmonary plasmacytomas with a good prognosis.