

MULTIPLE MYELOMA presenting as acute kidney injury secondary to **igA light chain kappa deposits**

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BACKGROUND:

Multiple myeloma (MM) is a commonly encountered hematological malignancy with significant renal involvement. the most common cause of severe acute kidney injury (AKI) in these patients is a tubulopathy which results from very high concentrations of circulating monoclonal immunoglobulin free light chains.

We present a case of IgA MM revealed by severe AKI.

CASE PRESENTATION:

A 69-year-old patient with no medical history, who presented with severe AKI without hypercalcemia requiring hemodialysis, during his hospitalization in the nephrology department CHU MOHAMMED VI OF OUJDA the patient underwent a complete gammopathy assessment (serum and urine protein electrophoresis, free-light chains dosing, serum and urine immunofixation and a bone marrow aspiration) showing a multiple myeloma with igA with a plasma cell rate > 60% on the myelogram, the treatment was based on multiple sessions of hemodialysis using a high cut-off dialysis membrane, the evolution was marked by a partial recovery of renal function after 5 cycles of (cyclophosphamide-thalidomide and dexamethasone) chemotherapy.

DISCUSSION & CONCLUSION:

Renal monoclonal immunoglobulin deposition disease (MIDD) is a rare disease defined by deposition of monoclonal light chains and/or heavy chains on basement membranes and vascular walls of the kidney. This case highlights the importance of an early diagnosis and assessment to prevent end stage kidney disease.

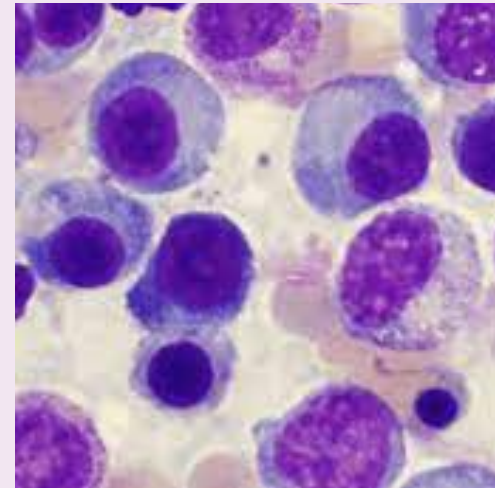
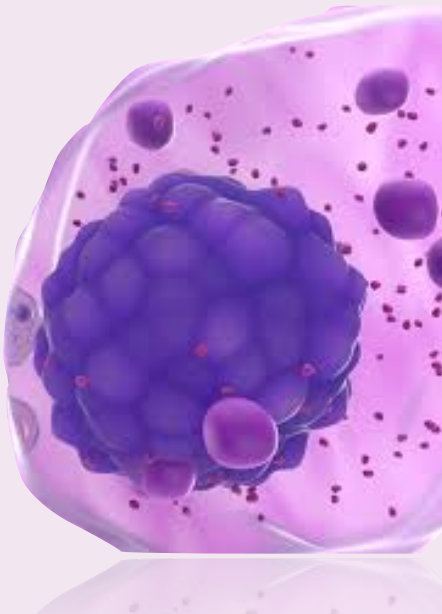


Figure 1: myeloma involving bone marrow



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