Multiple myeloma with multilobated plasma cell nuclei
Çok çekirdekli plazma hücreli Multipl Miyelom

Nergiz Erkut¹, Ümit Çobanoğlu², Mehmet Sönmez¹
¹Department of Haematology, School of Medicine, Karadeniz Technical University, Trabzon, Turkey
²Department of Pathology, School of Medicine, Karadeniz Technical University, Trabzon, Turkey

A 61-year-old male patient was admitted to our hospital with backache and fatigue. Physical examination was normal, except for pallor. Laboratory results at initial evaluation were as follows: hemoglobin: 105 g L⁻¹; hematocrit: 0.31%; white blood cell (WBC) count: 6.3x10⁹ L⁻¹; platelet count: 200x10⁹ L⁻¹; blood urea nitrogen (BUN): 22.1 mmol L⁻¹; creatinine: 477.3 µmol L⁻¹; calcium: 2.8 mmol L⁻¹; total protein: 74 g L⁻¹; albumin: 43 g L⁻¹; erythrocyte sedimentation rate (ESR): 44 mm h⁻¹. A monoclonal spike was present on protein electrophoresis. Protein studies (by nephelometry) showed a kappa light chain of 5.97 g L⁻¹ (reference range: 1.7-3.7 g L⁻¹) and low levels of IgG, IgM, and IgA (8.84 g L⁻¹, 0.30 g L⁻¹, 0.53 g L⁻¹, respectively). Beta 2 microglobulin was 1.2 mg dL⁻¹ (reference range: 0.07-0.19 mg dL⁻¹). Urine immunoelectrophoresis showed that the patient had a kappa monoclonal light chain. Bone X-rays showed multiple osteolytic lesions. The bone marrow aspirate and biopsy specimen morphology showed infiltration by atypical and multilobated plasma cell nuclei (Figures 1 and 2). The bone marrow biopsy specimen stained positive with CD138 (Figure 3).

Multiple myeloma with multinucleated plasma cells is a rare morphological variant, which usually presents with light chain expression, and is charac-
terized by an aggressive course and resistance to conventional chemotherapy [1,2]. Informed consent was obtained from the patient.

Conflict of interest statement
The authors of this paper have no conflicts of interest, including specific financial interests, relationships, and/or affiliations relevant to the subject matter or materials included.

References