



Multiple Myeloma as a Second Primary Tumor in a Patient with Locally Advanced Prostate Cancer

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Letter to Editor

Here there is interesting case, eighty-two years old patients with presentation of locally advanced prostate cancer who underwent local radiotherapy and hormone therapy, after three months of treatment developed lower extremity pitting edema due to massive proteinuria. The kidney biopsy was in favor of focal glomerulosclerosis handled as a paraneoplastic nephropathy with immunosuppressive drugs, but after four months there was deterioration of renal function tests, so a new kidney biopsy showed cast nephropathy with immunoglobulin deposition in tubular system with rule out plasma cell dyscrasia. A bone marrow aspiration biopsy showed eighty percent of abnormal plasma cell with a final diagnosis of multiple myeloma with kidney involvement. There was monoclonal gammopathy with immunoglobulin G subtype in Serum and urine protein electrophoresis. The patient after the protocol bortezomib-thalidomide and dexamethasone was in a good condition.

Discussion

Prostate cancer survivors had a lower risk of another cancer [1], Second primary tumor as multiple myeloma is not usual in patients with prostate cancer, this is important in clinical practice that any change in the clinical laboratory data of a cancer patients is not synonymous with the activity of primary tumor and second primary tumor can be in differential diagnosis with a different treatment plan [2]. Absence of diagnosis of secondary primary tumor in the course of the primary cancer can be harmful for cancer patients. The Genetic susceptibility mechanisms and carcinogens are responsible for this phenomenon [3].

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