

A multiple myeloma case accompanying to lung, colon and gastric cancer

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Introduction and Objective: The association of multiple myeloma with solid tumors is rare. A literature review of 1,104,269 cancer patients concluded that the prevalence of multiple primary cancer is between 0.73% and 11.7%. In this study, we presented a case diagnosed as multiple myeloma in addition to colon cancer, gastrointestinal stromal tumor and lung adenocarcinoma association since it doesn't exist in the literature. **Case:** A 67-years old male presented to Gastroenterology Department with abdominal pain and nausea lasting for 2-3 months. In the colonoscopy, an annular mass was detected at descending colon, where a biopsy was done. Sigmoid resection, metastasectomy and left hemicolectomy were performed in the patient who underwent surgery with a diagnosis of colon adenocarcinoma with liver metastasis. During operation, a mass seen at gastric wall was resected and reported as gastrointestinal stromal tumor of gastric wall. On the PET CT scan performed 9 months after completion of chemotherapy, a suspected metastasis at upper lobe of right lung, intraabdominal lymph nodes, paratracheal lymph nodes, diffuse bone involvement and involved humeral and femoral diaphysis (bone marrow involvement?) were detected in the patient who had been followed with stable disease. (Figure 1, 2 and 3). IgG-κ monoclonality was detected in the patient who had elevated protein levels as well as hypoalbuminemia and hyperalbuminemia. In the bone marrow aspiration, plasma cells (50%) were detected and bone marrow biopsy result were reported as plasmacytoma. Also, a biopsy was performed to pulmonary lesion, which was reported as adenocarcinoma. **Result:** Multiple primary cancer is a specific malignant tumor type and the precise mechanism has remained unknown. In conclusion, we believe that a consensus should be reached in investigations evaluating reasons of recurrence, privilege in the treatment of multiple cancers and prevention of multiple cancers, since the cause of cancer has not been fully elucidated yet.

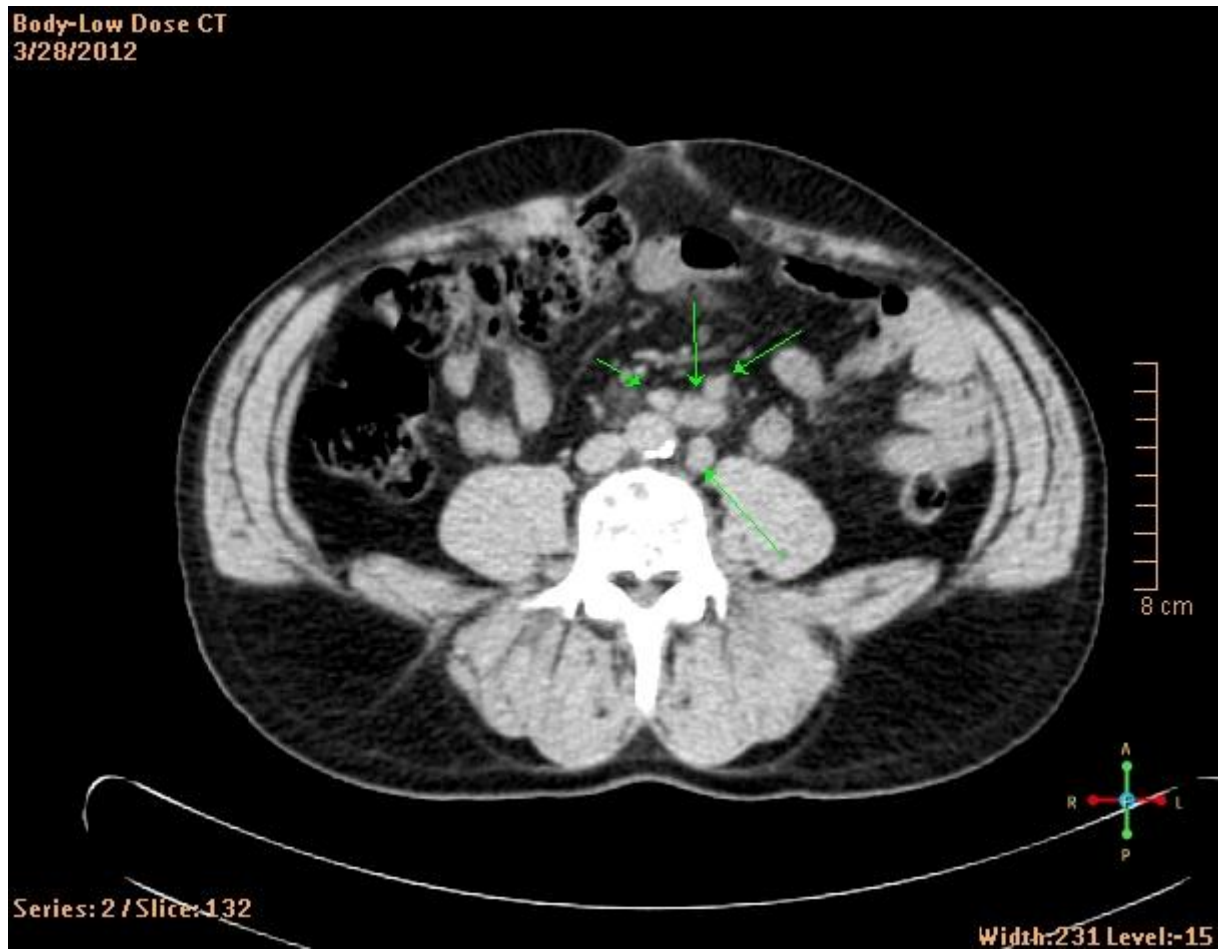


Figure 1: Intra-abdominal lymph nodes

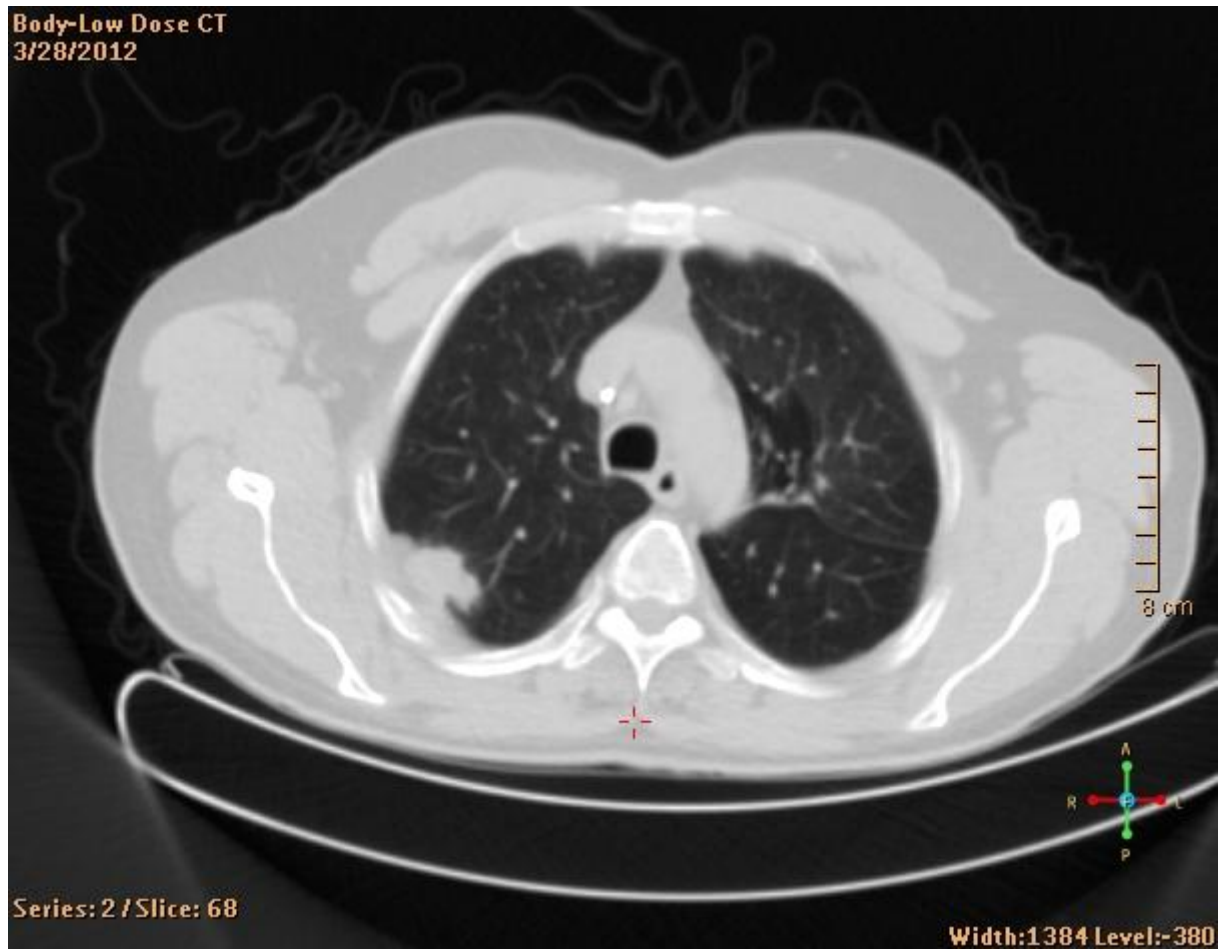


Figure 2: Involvement at right upper lobe of lung



Figure 3: Diffuse bone involvement in addition to involved humeral and femoral diaphysis.