



CLINICAL AND BIOCHEMICAL PROFILE OF MULTIPLE MYELOMA AT A TERTIARY CARE CENTRE

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KEYWORDS :

INTRODUCTION

Multiple myeloma is a malignant plasma cell disorder characterized by clonal proliferation of plasma cells in bone marrow, monoclonal protein production, skeletal destruction, anemia, renal dysfunction, and immunodeficiency. It predominantly affects older adults and remains a major hematological malignancy. Early recognition of clinical and biochemical abnormalities is essential for diagnosis and prognostication. Multiple myeloma is a malignant plasma cell disorder characterized by clonal proliferation of plasma cells in bone marrow, monoclonal protein production, skeletal destruction, anemia, renal dysfunction, and immunodeficiency. It predominantly affects older adults and remains a major hematological malignancy. Early recognition of clinical and biochemical abnormalities is essential for diagnosis and prognostication. Multiple myeloma is a malignant plasma cell disorder characterized by clonal proliferation of plasma cells in bone marrow, monoclonal protein production, skeletal destruction, anemia, renal dysfunction, and immunodeficiency. It predominantly affects older adults and remains a major hematological malignancy. Early recognition of clinical and biochemical abnormalities is essential for diagnosis and prognostication. Multiple myeloma is a malignant plasma cell disorder characterized by clonal proliferation of plasma cells in bone marrow, monoclonal protein production, skeletal destruction, anemia, renal dysfunction, and immunodeficiency. It predominantly affects older adults and remains a major hematological malignancy. Early recognition of clinical and biochemical abnormalities is essential for diagnosis and prognostication. Multiple myeloma is a malignant plasma cell disorder characterized by clonal proliferation of plasma cells in bone marrow, monoclonal protein production, skeletal destruction, anemia, renal dysfunction, and immunodeficiency. It predominantly affects older adults and remains a major hematological malignancy. Early recognition of clinical and biochemical abnormalities is essential for diagnosis and prognostication.

MATERIALS AND METHODS

A cross-sectional observational study was conducted at a tertiary care centre between August 2022 and August 2024. Fifty newly diagnosed patients with confirmed multiple myeloma were included. Clinical, hematological, biochemical, radiological and bone marrow parameters were analyzed using standardized data collection methods and SPSS-based statistical analysis. A cross-sectional observational study was conducted at a tertiary care centre between August 2022 and August 2024. Fifty newly diagnosed patients with confirmed multiple myeloma were included. Clinical, hematological, biochemical, radiological and bone

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RESULTS

The mean age was 62.4 ± 10.7 years. Males constituted 56% of cases. Bone pain (84%), fatigue (76%), and anemia (72%) were the most common presentations. Monoclonal spike was detected in 92% of patients. IgG subtype was predominant (60%). Lytic bone lesions were common and biochemical abnormalities included elevated serum calcium, creatinine, β 2-microglobulin and LDH. The mean age was 62.4 ± 10.7 years. Males constituted 56% of cases. Bone pain (84%), fatigue (76%), and anemia (72%) were the most common presentations. Monoclonal spike was detected in 92% of patients. IgG subtype was predominant (60%). Lytic bone lesions were common and biochemical abnormalities included elevated serum calcium, creatinine, β 2-microglobulin and LDH. The mean age was 62.4 ± 10.7 years. Males constituted 56% of cases. Bone pain (84%), fatigue (76%), and anemia (72%) were the most common presentations. Monoclonal spike was detected in 92% of patients. IgG subtype was predominant (60%). Lytic bone lesions were common and biochemical abnormalities included elevated serum calcium, creatinine, β 2-microglobulin and LDH. The mean age was 62.4 ± 10.7 years.

