

Dementia and multiple myeloma

Sir,

As both multiple myeloma and dementia are age-related (vol 78(2), 2017, p. C21) (Kester and Scheltens, 2009), the differential diagnosis should include multiple myeloma when dementia occurs in association with what might be mistaken for age-related aches and pains.

In this context dementia may be attributable to hyperviscosity – this was the case in a 66-year-old man with IgG-K multiple myeloma characterized by dementia, headache and backache. This was associated with relative serum viscosity of 4.1 (normal 1.4–1.8), decreasing to 2.1 after two courses of plasmapheresis. Two weeks after plasmapheresis his family reported that his mental state had reverted to normal (Mueller et al, 1983).

Plasmapheresis generated a similar outcome in a 67-year-old woman who had initially presented with bone pain and night

sweats. She had IgG-K multiple myeloma characterized by plasma viscosity estimated to be between 5 cP and 8 cP (normal 1.62 ± 0.05 cP). Subsequent development of dementia was unrelated to chemotherapy, and her dementia resolved completely after three courses of plasmapheresis (Guldenschuh et al, 1993).

Conversely, dementia may be a side effect of treatment – a 66-year-old man had treatment for myeloma started in April 2002, using dexamethasone and thalidomide. In June 2002, when he became forgetful and manic, dexamethasone was stopped. By August 2002 he could not recall the names of his wife and children, and he had forgotten how to brush his teeth (Morgan et al, 2003). The concurrent development of tremor (a side effect of thalidomide) (Weber et al, 2003) prompted discontinuation of thalidomide. Dementia resolved completely after 48 hours.

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