# WALDENSTROM MACROGLOBULINEMIA: DIAGNOSIS, RISC STRATIFICATION AND MANAGEMENT

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Waldenstrom macroglobulinemia (WM) is a lymphoplasmocytic lymphoma, with immunoglobulin monoclonal protein (IgM). Clinical features include: normocytic normochromic anemia, haemoragic syndrome, hypervasosity syndrome, hepatosplenomegaly and adenopathy. Presence of monoclonal protein associated with >10% lymphoplasmocytic cells in bone marrow is essential for diagnosis. Age, haemoglobin level, platelets count, β2 microglobulin and IgM concentrations, are important prognostic factors in this disease.

Not all patients with Waldenstrom macroglobulinemia requires therapy: some of them, with indolent disease requires only observation. Active therapeutic agents in Waldenstrom macroglobulinemia are: Rituximab associated with alkilating agents or purine nucleoside analog, Bortezomib, Thalidomide, Lenalidomide, Bendamustine, Alemtuzumab, etc. Maintenance therapy with Rituximab is efficient and improves PFS in patients with Waldenstrom Macroglobulinemia. The autologus stem cell transplantation is efficient and sometimes underutilised in patients with WM. The median survival associated with disease is now over 10 years. Given WM's natural history, reduction of complications will be a priority for future treatment trials.