

C2. AUTOLOGOUS TRANSPLANTATION IN A PATIENT WITH λ LIGHT CHAIN MULTIPLE MYELOMA STAGE III WITH DIALYSIS FOR CHRONIC RENAL FAILURE.

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INTRODUCTION

The relative frequent association of myeloma multiplex with different types of renal complications are well known secondary as: tubular insufficiency, amyloidosis, deposits of calcium, hyperuricaemia etc.

MATERIAL AND METHODS

We present an efficient modality of treatment by autologous stem cell transplantation at a young patient with myeloma multiple and severe renal insufficiency who needed 3 dialysis sessions/week.

The best method of obtaining remission and good consolidation is autologous stem cell transplantation. The risk of the case was the renal toxicity of this treatment and severely impaired renal function with a serum creatinin of 9.2 mmol/l with 3 dialysis sessions/week.

We harvested stem cells only with G-CSF and for conditioning we administered HD melphalan after a dialysis session.

RESULTS

We present the evolution and the obtained results including the relative good evolution of the renal functions. After autologous stem cell transplantation the value of serum creatinine decreased to 4.2 mmol/l and the patient needs dialysis only twice a week.

CONCLUSIONS

Although the nephrotoxic effect of the melphalan, in renal failure caused by the light chain MM the most effective treatment is the autologous stem cell transplantation. Using in time this method can improve the renal function and reduce the need for dialysis.