

Atypical presentation of myeloma

General Practice is fascinating because of the variety of cases and the wealth of clinical material that a Family Physician is in a fortunate position to see and help. Doctors working in very few specialties have first hand access to such a vast array of clinical cases in this era of specialization. This unique position of Family Physicians has its advantages and disadvantages. The disadvantage is that it is obligatory in order to be a good Family Physician to keep abreast of the changes and latest developments in so many different medical disciplines, which consultants working in very few other specialties have to worry about. In this letter I have chosen a case that I saw in my practice presenting with a rather common symptom of headache that can easily be overlooked as being trivial but turned out to be secondary to a rather more significant condition. This highlights the fact that one has to be careful not to miss out on the diagnosis of serious and potentially treatable conditions.

J.M. a 66-year-old male presented to me in April 1997 with a left sided headache for 2 weeks but had been getting it on and off for 6 months. The headache was not accompanied by nausea or any visual symptoms. There were no focal neurological signs on examination. He came for review after approximately 3 weeks because of persistence of headache. At this stage some blood tests like complete blood count (CBC) and erythrocyte sedimentation rate (ESR) were carried out as inflammatory markers. The level of CBC showed hemoglobin of 13.3 g/dL with normal white cell and platelet counts, but the ESR level was elevated at 36 mm/hour (normal range: 2–13). Blood urea, liver function tests were normal but the total serum protein level was elevated at 95 g/L with the albumin fraction

at 41 g/L. At this stage serum protein electrophoresis was requested. The serum IgG level came back elevated at 39.3 g/L (normal range: 6.9–14 g/L), serum IgA level came back suppressed at 0.5 g/L (normal: 0.88–4.1 g/L) and the serum IgM level also came back suppressed at 0.2 g/L (normal: 0.34–2.1). Total serum paraprotein level was 31 g/L with large kappa paraprotein detected in the serum with severe immune suppression. This man therefore with a headache as the presenting symptom turned out to have a diagnosis of multiple myeloma.

This particular case is chosen from the field of Family Medicine to indicate that 'complex and potentially serious' medical conditions can be seen interspersed between the vast majorities of patients that are fairly routine with trivial conditions. The message is that a Family Physician has to be very alert and well informed working in not uncommonly busy conditions having to see patients at a rate of one every 5–10 minutes and be prepared to promptly detect and refer potentially serious and particularly treatable cases.¹ This makes working in the discipline of Family Medicine challenging but also exciting because it is realistically possible to diagnose a variety of medical conditions in this branch of medicine today as a result of a variety of tests available to us particularly in developed countries and with the expansion of the scope of the discipline in recent years. With the mapping of human genome the practice of Family Medicine promises to get even more exciting in the years to come.

Dr Suresh PANJWANI
18 Chailey Avenue,
Enfield, Middlesex EN1 3LY
United Kingdom

Reference

- 1 Barber JH, Boddy FA. *General Practice Medicine*. Edinburgh: Churchill Livingstone, 1984.