

Macroglossia as a multiple myeloma presenting characteristic.

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ABSTRACT

Macroglossia has been very rarely reported as a first clinical sign of multiple myeloma.

Keywords: Amyloidosis, multiple myeloma, tongue growth.

INTRODUCTION

A long-term, painless tongue expansion is known as "macroglossia," and it is identified by looking for a tongue that protrudes above the dentoalveolar structures when at rest.[1] True and pseudo-macroglossia are the two main classifications for macroglossia. When aberrant proteins or glycogen infiltrate normal tissue, or when the tongue muscles hypertrophy, the result is true macroglossia, which is linked to conclusive histological alterations in the tongue.[2] A tongue that appears normal in size yet is pseudomacroglossia. Oral cavity anatomic anomalies are typically the cause of this disorder.[3-5]

CASE STUDY

A female patient, 54 years old, showed up with an enlarged tongue. About six months prior, she had initially noticed that her tongue had grown larger. Not too long afterward, she developed reddish-purple patches on both arms and experienced constant weariness. An enlarged tongue with teeth indentation marks on both lateral margins was found during her physical examination [Figure 1]. A large number of 1 mm-diameter erythematous macules covered her arms [Figure 1]. Additionally, there was bilateral pretibial three positive pitting edema. Her total blood count was consistent with chronic disease-related anemia, but her liver and renal function tests were within normal limits. Proteinuria

consistent with nephrotic syndrome was found in her urine analysis. The patient was referred to the internal medicine department with a tentative amyloidosis diagnosis.

lipoid proteinosis with hypothyroidism. There were several kidney and bone marrow biopsies done. The interstitium and vascular walls of the biopsy specimens showed positive results for Congo red and crystal violet staining. The diagnosis of amyloid light type amyloidosis was made based on histological results.

A higher percentage (30%) of plasma cells was discovered during a subsequent bone marrow biopsy [Figure 2]. After receiving a multiple myeloma diagnosis, the patient received chemotherapy. But after six months, she passed away from multiorgan involvement and loss of function.

CONCLUSION

Rare disorders known as amyloidoses are defined by the extracellular accumulation of at least 31 distinct amyloid proteins.[6] Diagnosis of amyloidosis is determined by a histological analysis. Hematoxylin-eosin staining in regular practice shows homogeneous eosinophilia. Under polarized microscopy, amyloid proteins also react with Congo red stain and produce reflection.[7] Materials containing amyloid proteins have a range of biological impacts. They could cause atrophy by aggregating in between cells.

Moreover, it directly damages cells, causing cell death in the process.[8] Amyloid proteins have the potential to build up in a number of internal organs, including the tongue, heart, and kidneys. Seldom has macroglossia been documented as the initial clinical indication of multiple myeloma. When determining the presence of many When a patient presents with a complaint of tongue enlargement, dermatological and venereal disease specialists may be able to aid in the early diagnosis of myeloma-associated amyloidosis by taking the problem carefully.

Conflicts of interest

There are no conflicts of interest.

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