Immunoglobulin D multiple myeloma is a rare form of myeloma having often an aggressive course, affecting 2% of all cases. It shows frequently renal failure, Bence Jones proteinuria and the difficulties of diagnosis. This report describes a rare case of an uncommon condition and highlights the fortunate aspects of this patient's unfortunate diagnosis.

**CASE REPORT**

- A 59 years old man, without any background history.
- He was admitted in an hospital center of onco-hematology for dorsolumbar and pelvic bone pain of progressive onset, associated with an altered general state.
- Physical examination revealed a spinal and bone syndromes, and mucocutaneous pallor. There was no lymphadenopathy or hepatosplenomegaly.

**RESULTS**

- His full blood count report revealed anemia (haemoglobin 9.7 g/dL) with normal white blood cell and platelets counts.
- Blood chemistries showed: normal levels of urea (0,36 g/L) and creatinine (9.7 mg/L); normal levels of serum total protein and albumin: 79g/l and 38g/l.
- Albumin adjusted calcium was high: 112 mg/l.
- Radiologic assessment has not demonstrated any lytic bone lesion.
- The serum protein electrophoresis SPE: Presence of a monoclonal band in beta2globulin region with a quantitation of 5g/l + decrease in gamma globulins.
- The immunofixation electrophoresis IE of the serum and urine reported as IgD-Lambda paraproteinaemia.
- The bone marrow aspirate confirmed a multiple myeloma with 79% of plasma cells. Thus, the patient was put on chemotherapy + Biphosphonates with a good clinical and biological improvement.

**DISCUSSION**

- Immunoglobulin D multiple myeloma is rare, with an incidence of about 2% of all patients diagnosed with myeloma. It tends to present at a younger age, favor male gender, and have more features of high-risk disease vs others.[1] Unlike other myelomas, lambda light chain predominance is a characteristic feature of IgD myeloma and is seen in 70% to 90% of cases.[2]
- Furthermore, IgD myeloma has been shown to present with higher rates of renal failure and Bence Jones proteinuria compared to other myelomas.[3] Because the serum concentration of physiologic IgD is present at a much lower concentration compared to IgG and IgA , the M-spike on electrophoresis is often very small or even unrecognizable in IgD myeloma which make his diagnosis very difficult.[4]
- Our case is unusual due to the absence of renal failure at presentation, a beneficial status uncommon in IgD myeloma.

**REFERENCES**