

**Abstract Form**

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<b>Project Title:</b>	A CASE OF INCREASED CONFUSION AND BEHAVIORAL CHANGES LEADING TO DIAGNOSIS OF MULTIPLE MYELOMA

**Research Category (please check one):**

<input type="checkbox"/> <b>Original Research</b>	<input checked="" type="checkbox"/> <b>Clinical Vignette</b>	<input type="checkbox"/> <b>Quality Improvement</b>	<input type="checkbox"/> <b>Medical Education Innovation</b>
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**Abstract**

Introduction  
Multiple myeloma is an uncommon, hematological malignancy that accounts for 1-2% of all cancers in the United States. Patients can present acutely with neurologic changes and requiring interventions related to kidney failure, hypercalcemia, spinal cord compression, amongst others. It is a disease in which some patients rapidly progress despite treatment and others respond to treatment for many years.

Case Presentation  
A 63-year-old Hispanic gentleman with no significant past medical history presented to the hospital with stupor, confusion, and behavioral changes accompanied with a 40-lb weight loss. His symptoms began one month prior to presentation and progressed quickly, resulting patient's family to seek medical attention. Examination was unremarkable as the patient did not have any complaints or exhibit any other signs of disease. Laboratory workup revealed various abnormalities including a serum calcium of 16.2mg/dL, a blood urea nitrogen 49 mg/dL, creatinine of 5.47 mg/dL, & hemoglobin of 5.8 g/dL. Additionally, imaging demonstrated mild L1 compression fracture and multilevel degenerative changes most pronounced L4-L5. The patient was admitted to the hospital for the treatment of his hypercalcemia and acute renal failure. Despite dialysis and resolution of the hypercalcemia, the patient continued to be altered however clinically and hemodynamically stable, with no further deterioration in clinical course. Further studies demonstrated a total protein of 14 grams, IgA level of 9000 mg/dL, and total kappa light chain of >600 mg/dL with a bone biopsy confirming diagnosis of multiple myeloma. A decision not to initiate plasmapheresis was made. Instead, the patient was started on an inpatient chemotherapeutic regimen consisting of bortezomib, cyclophosphamide, and bortezomib and followed up outpatient, where he was seen to have significant improvement in his condition.

Discussion  
Confusion and behavioral changes carry a multifactorial etiology. The patient had progressive confusion and behavioral changes can be attributable to many aspects of multiple myeloma. Despite management of these causes, eg) hypercalcemia, or uremia due to acute renal failure, his confusion persisted pointing to hyperviscosity syndrome as the culprit.