Experience with multiple myeloma in a public referral hospital in Nairobi, Kenya

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Abstract:

Multiple myeloma is a clonal malignant proliferation of the plasma cell line in terminal stages of immunological maturation of the B cell lineage. It has a male-to-female ratio of 2/1 and affects mainly the middle aged and elderly. It has not been characterized comprehensively locally. Methods: We retrospectively studied records of patients seen at the Kenyatta National Hospital, Nairobi between January 1994 and January 2004 inclusive. Information sought included demographic, clinical, radiologic, haematologic, biochemical, treatment and outcome details. Results: Records were available for 173 patients, 100 males and 73 females (M/F = 1.37/1). Median age was 53 years, range 31–83 years. Fourteen of 165 evaluable for age (8.5%) were less than 40 years, 19 (11.5%) were aged ≥70. Main presenting complaints were lower back pain in 52 (27.4%) and weakness or total paralysis of lower limbs in 50 (26.3%) of 190 presenting complaints. Generalised weakness, generalized bone aches and pathological fractures were also common. Haemoglobin level at diagnosis was < 8.5g/dl in 34.8%, 8.5–9.9g/dl in 15.2%, and > 10g/dl in 50% of 92 cases. Bone marrow plasmacytosis was < 10% in 8% and >30% in 71.6%of 74 cases. Urinary Bence-Jones proteins were demonstrable in 32.7% of 52 cases evaluable, and serum paraproteins in 75% of 56 cases. Blood urea nitrogen was ≥ 10.7 mmols/l in 39.7% of 58 cases evaluable and blood calcium ≥ 2.64 mmols/l in 19.1% of 42 cases evaluable. Melphalan and prednisone were used upfront in 94.4% of 107 cases evaluable and palliative radiotherapy was given to 91.3% of 115 cases evaluable. 4.4% had orthopedic maneuvers. The median follow-up duration was 15 months, range < 1–120 months. 24 patients were recorded dead after a median survival of 7.5 months. Conclusions: Multiple Myeloma in our set-up occurs most commonly in 6th/ 7th decades. Lower back pain with lower vertebral collapse causing weakness of lower limbs are the main presentations. Melphalan and prednisone plus palliative radiotherapy are the mainstays of management. Follow-up durations and survival are short.