[Abstract 19]

CLINICAL CHARACTERISTICS AND OUTCOME OF IgM-RELATED DISORDERS

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IgM-related disorders (RDs) are IgM monoclonal gammopathies (MGs) characterized by the presence of specific properties of the IgM paraprotein without overt evidence of lymphoma. The distinctive clinical features and the frequent requirement of immunosuppression in view of the symptoms related to the IgM monoclonal component (MC) suggest that IgM-RDs could have a different natural history from that of asymptomatic IgM-MGs. Eighty-three IgM-RDs (cryoglobulinemia: n=75, peripheral neuropathy: n=5, idiopathic thrombocytopenic purpura: n=3) diagnosed between 1984 and 2003 with a minimum follow-up of 12 months were studied in order to identify possible predictors of disease progression to overt Waldenström's Macroglobulinemia (WM) or other lymphoproliferative disease (LPD). Overt WM diagnosis required the development of symptoms attributable to tumor infiltration such as constitutional symptoms, and/or symptomatic cytopenia(s), and/or organomegaly, and/or the development of hyperviscosity syndrome in association with the evidence of lymphoplasmacytic (LP) lymphoma on bone marrow (BM) biopsy. Nineteen patients had type I cryoglobulinemia [idiopatic: n=11, hepatitis C virus (HCV)-related: n=6, hepatitis B virus-related: n=2], and 56 had type II cryoglobulinemia (idiopatic: n=15, HCV-related: n=41). Fourteen cases of cryoglobulinemia presented a mild to moderate hepatomegaly with/without splenomegaly, mostly related to HCV infection. Of type II cryoglobulinemias, 14 had arthralgias and/or vascular purpura (12 receiving corticosteroids), and 7 presented peripheral neuropathy. These latter and those peripheral neuropathies without cryoglobulinemia were treated with steroids, cyclophosphamide or polychemotherapy with/without plasma-exchange. The cumulative probability of evolution to malignant LPD at 5 years was 15% (95%CI, 5-25%). At a median follow-up of 62 months (12-195), 8 IgM-RDs (8.4%) presented transformation into overt WM (n=6), non-Hodgkin's lymphoma (n=1) and B-chronic lymphocytic leukemia (n=1). At univariate analysis, age, blood cell counts, β2-microglobulin levels, degree of BM LP infiltration, type of cryoglobulinemia, and HCV-positivity did not correlate with transformation. On the contrary, male sex (p=0.02), IgM MC level >= 3 g/dL (p<0.0001), detectable Bence Jones proteinuria (p=0.0005), lymphocytosis (p=0.049), and high erythrocyte sedimentation rate (p=0.003) significantly correlated with the evolution risk to malignant lymphoproliferative disease. Evolution probability to overt LPD and prognostic factors for malignant transformation of IgM-RDs seem to widely overlap with those described in asymptomatic IgM-MGs.