CORRESPONDENCE

SERUM β2 MICROGLOBULIN IN SOLITARY PLASMACYTOMATA

To the Editor:

We read with interest the recently published article by Durie et al. We agree with his observations about the value of measuring the pretreatment serum β2 microglobulin in patients with multiple myeloma. Recently we reviewed our experience in another plasma cell dyscrasia, solitary plasmacytoma, in relation to transformation to multiple myeloma. During the last 10 years we diagnosed solitary plasmacytoma in 51 patients. Several clinical and laboratory abnormalities were evaluated for their potential to identify patients at highest risk for evolution to multiple myeloma. Table 1 shows the results of the multivariable analysis: age (<40 years), presence of "M" spike, and overall elevated levels of β2 microglobulin had statistical significance.

We believe that β2 microglobulin is the most powerful prognostic factor in patients with plasma cell dyscrasias, as has been demonstrated by Durie et al in multiple myeloma and by us in solitary plasmacytoma. Seventeen of the 19 patients with abnormal levels (more than 3.5 μg/mL) had a transformation to multiple myeloma and also a poor survival (31 months vs 73 months in patients with normal values).

We believe that determination of β2 microglobulin should be included in the clinical evaluation of patients with solitary plasmacytoma and that patients with elevated levels should be treated for multiple myeloma.

AGUSTIN AVILÉS, MD
JUDITH HUERTA, MD
GLORIA ZEPEDA, MD
JOSE C. DÍAZ-MAQUEO, MD
Department of Hematology
Oncology Hospital
National Medical Center, I.M.S.S.
México, D.F. Mexico

Table 1. Clinical and Laboratory Characteristics at Risk to Develop Multiple Myeloma in Patients With Solitary Plasmacytoma

<table>
<thead>
<tr>
<th>Prognostic Factor</th>
<th>Cases</th>
<th>Univariable</th>
<th>Multivariable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male/female</td>
<td>28/23</td>
<td>.160</td>
</tr>
<tr>
<td>Age (y)</td>
<td>&lt;40/&gt;40</td>
<td>21/30</td>
<td>.561</td>
</tr>
<tr>
<td>Anatomic site</td>
<td>Bone/not bone</td>
<td>32/19</td>
<td>.33</td>
</tr>
<tr>
<td>Plasmatic cells in bone marrow</td>
<td>0/1-10</td>
<td>15/36</td>
<td>.33</td>
</tr>
<tr>
<td>&quot;M&quot; spike</td>
<td>No/yes</td>
<td>17/34</td>
<td>.0000</td>
</tr>
<tr>
<td>β2 microglobulin</td>
<td>&lt;3.5 μg/mL/&gt;3.5μg/mL*</td>
<td>32/19</td>
<td>.0000</td>
</tr>
</tbody>
</table>

*Mean value: 2.6 ± 0.8 SD/5.4 ± 1.6 SD.

REFERENCES


Serum beta 2 microglobulin in solitary plasmocytomata [letter; comment] [see comments]

A Aviles, J Huerta, G Zepeda and JC Diaz-Maqueo