Sudden Hearing Loss as the Initial Manifestation of Chronic Myeloid Leukemia

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Sudden sensorineural hearing loss in hematologic disease is very rare. And hearing loss as the initial sign of Chronic Myeloid Leukemia is extremely rare. In this article, we present a 33-year-old male who had left-side hearing loss as the initial manifestation of CML. On physical examination, patients have splenomegaly. In Audiological evaluation, air conduction threshold is 115 dB, and bone conduction threshold is 75 dB in left ear. Rinne test was positive on both ear and Weber test lateralized to the right. In radiologic evaluation, Temporal bone MRI were normal and abdomen CT shows splenomegaly. In Laboratory examination, The initial white cell count was 458,300/mm³ with 24% segmented neutrophil, 19% banded neutrophil, 16% metamyelocytes, 16% myelocytes, 7% promyelocytes, 1% lymphocytes, 1% blasts, and 1% monocytes. Coagulation studies showed prothrombin time 13.8 seconds. Lactate dehydrogenase showed 1,372 IU/L. In bone marrow biopsy, CML was diagnosed. And in chromosomal analysis revealed t(9:22) and molecular study showed BCR-ABL 1 positive. Steroid therapy with 1 mg/kg and oral Bcr-Abl tyrosine kinase inhibitor were started. After 14 days, WBC count fell to 118,400/mm³. A WBC count was 7,100/mm³ at 1 month follow-up, but hearing threshold level of left ear was similar to initial. This case illustrates that CML should be considered one of the possible etiology in patients with hearing loss.

Multiple myeloma presenting with autoimmune hemolytic anemia successfully treated with thalidomide

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Anemia, which is present in about 73% of patients at diagnosis of multiple myeloma (MM), is generally related to myeloma marrow infiltration or renal dysfunction. Very rarely, autoimmune hemolytic anemia (AIHA) is accompanied by MM and has been reported in only a few case. Here, we report a case of MM presenting with AIHA successfully treated with thalidomide. A 73-year-old woman was admitted with 1-week dyspnea. Laboratory investigation showed: hemoglobin 4.7 g/dL, reticulocyte 23.46%, serum lactate dehydrogenase 681 IU/L (150-550), haptoglobin 2 mg/dL (50-320), total bilirubin 1.61 mg/dL and direct bilirubin 0.41 mg/dL. Moreover, direct coombs test was positive. At the same time, serum protein electrophoresis revealed M band and serum immunofixation test revealed monoclonal gammopathy of IgG kappa light chain type. There was no plasma cell in bone marrow. A positron emission tomography scan revealed high 18-fluorodeoxyglucose uptake in multiple soft tissue and lung. Needle biopsy of soft tissue and lung revealed plasma cell myeloma. MM presenting with AIHA was diagnosed. She was treated with melphalan and prednisolone, but there was no response on the treatment. So she was treated with second line TCD (thalidomide, cyclophosphamide and dexamethasone) chemotherapy. After 7 cycles of chemotherapy, the result was complete response. Also, hemoglobin level became normal and direct coombs test became negative. This case is very interesting and unique because of two reasons. First, MM was developed with plasmacytoma of soft tissue and AIHA. Second, not only MM but also AIHA was successfully treated with thalidomide.