



Figure. X-ray examination of the spine showed an isolated osteosclerotic focal bone lesion in the first sacral vertebra. (A) Lateral radiograph of the lumbar spine. (B) Anteroposterior view of the sacral bone.

CIDP and isolated osteosclerotic myeloma

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A 44-year-old man developed a progressive severe tetraparesis and hypesthesia within 4 months due to chronic inflammatory demyelinating polyneuropathy (CIDP); a diagnosis reached through motor nerve conduction studies, CSF analysis, and sural

nerve biopsy. However, the patient did not respond to therapy with methylprednisolone, IV immunoglobulin, and plasma exchange. Biopsy of a mass lesion in the first sacral vertebra (figure) revealed an osteosclerotic myeloma with presence of lambda light chains, while a secreted monoclonal protein was not detectable on repeated serum and urine analyses. After local irradiation of the vertebra, the patient improved under further therapy with methylprednisolone; he regained the ability to walk within 1 year. Skeletal x-ray survey for an isolated myeloma¹ should therefore be considered in patients with therapy-resistant CIDP.

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