



S.E.R.M.E.

Sociedad Española de
Radiología y Músculo-Esquelética

Caso clínico 1

SERME

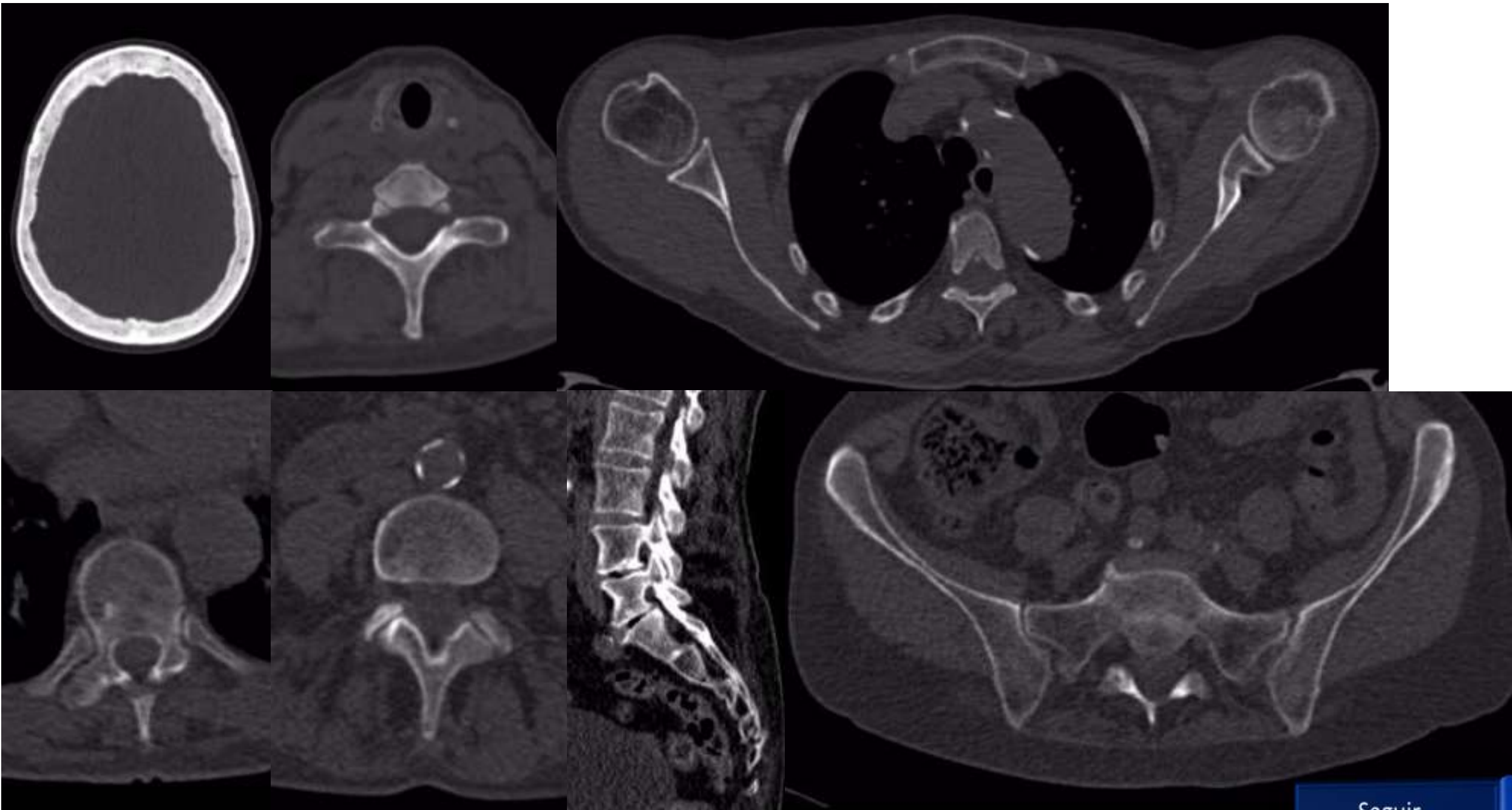
Sección de Tumores



Caso 1

- Mujer de 70 años con dolor de espalda tras caída.
- En una analítica le han detectado plaquetopenia.
- Posteriormente y ante la sospecha de una púrpura trombopénica idiopática se le hace punción medular que da como resultado el diagnóstico de Mieloma Múltiple Bence Jones Lambda quiescente, estadio IA. ISS 1.
- Se le solicita TC de baja dosis para estudio de esqueleto entero.





Seguir

¿Detecta lesiones óseas sugestivas de mieloma?

SI

NO

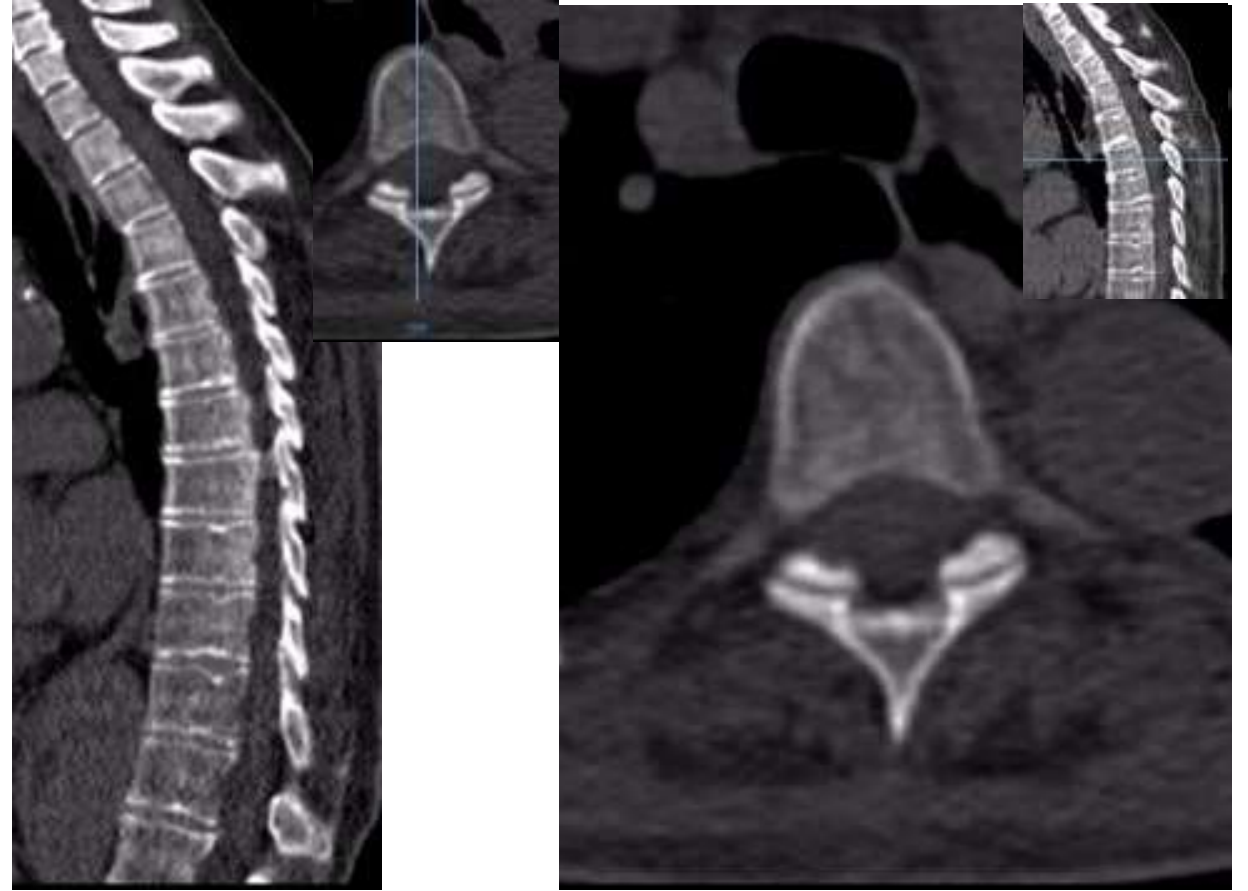
¿Le haría alguna prueba más?

SI

NO

RM de columna completa

Correlación con TC de baja dosis.



Siguiente

RM de columna completa

Correlación con TC de baja dosis.



Siguiente

Comentario TC de baja dosis

- Se detectan varias imágenes de menor densidad dispersas por columna, aunque su aspecto no es típico de mieloma (imágenes en sacabocados).
- El empleo del TC de baja dosis mejora la sensibilidad para lesiones destructivas respecto a la serie ósea.
- Los clínicos pueden preferirlo por que detecta la destrucción del hueso

Pulse para seguir

Comentario RM

- Presencia de varias imágenes endomedulares sugestivas de afectación por mieloma, con tamaños superiores a los 5 mm.

Pulse para seguir

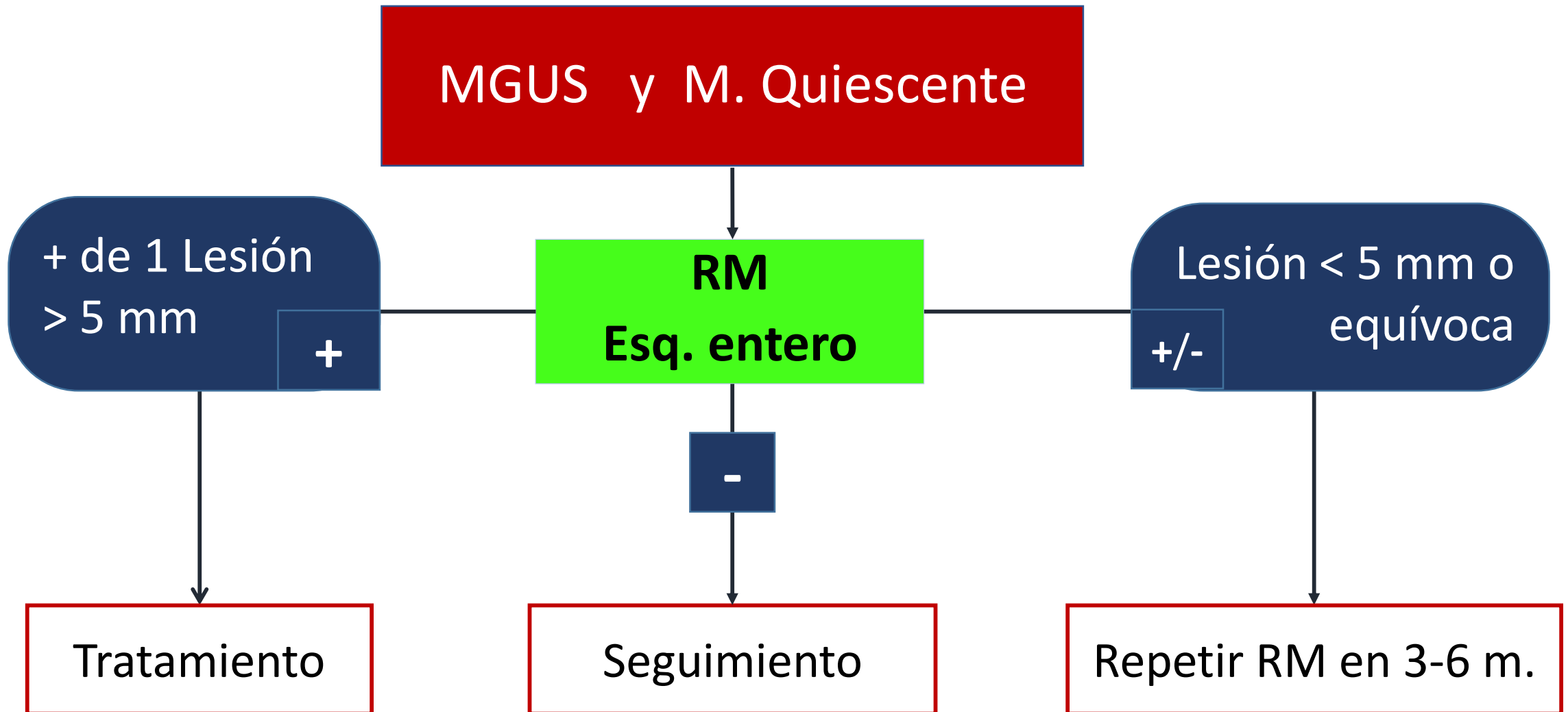
Role of Magnetic Resonance Imaging in the Management of Patients With Multiple Myeloma: A Consensus Statement.

MA. Dimopoulos, J. Hillengass, S. Usmani, E. Zamagni, et al.

- **Purpose** The aim of International Myeloma Working Group was to develop practical recommendations for the use of magnetic resonance imaging (MRI) in multiple myeloma (MM).
- **Methods** An interdisciplinary panel of clinical experts on MM and myeloma bone disease developed recommendations for the value of MRI based on data published through March 2014.
- **Recommendations** MRI has high sensitivity for the early detection of marrow infiltration by myeloma cells compared with other radiographic methods. Thus, MRI detects bone involvement in patients with myeloma much earlier than the myeloma-related bone destruction, with no radiation exposure. It is the gold standard for the imaging of axial skeleton, for the evaluation of painful lesions, and for distinguishing benign versus malignant osteoporotic vertebral fractures. MRI has the ability to detect spinal cord or nerve compression and presence of soft tissue masses, and it is recommended for the workup of solitary bone plasmacytoma. Regarding smoldering or asymptomatic myeloma, all patients should undergo whole-body MRI (WB-MRI; or spine and pelvic MRI if WB-MRI is not available), and if they have > one focal lesion of a diameter > 5 mm, they should be considered to have symptomatic disease that requires therapy. In cases of equivocal small lesions, a second MRI should be performed after 3 to 6 months, and if there is progression on MRI, the patient should be treated as having symptomatic myeloma. MRI at diagnosis of symptomatic patients and after treatment (mainly after autologous stem-cell transplantation) provides prognostic information; however, to date, this does not change treatment selection.

Pulse para seguir

MM: Algoritmo recomendado para el diagnóstico



Bibliografía

- D. Ippolito, J. Hillengass, S. Usmani, E. Zamagni, et al. Role of Magnetic Resonance Imaging in the Management of Patients With Multiple Myeloma: A Consensus Statement. European Journal of Radiology 2013; 82:2322– 2327
- MA. Dimopoulos, J. Hillengass, S. Usmani, E. Zamagni, et al. Role of Magnetic Resonance Imaging in the Management of Patients With Multiple Myeloma: A Consensus Statement J Clin Oncol 2015; 33:657-664.
- C. Röllig, S. Knop, M. Bornhäuser. Multiple mieloma. Lancet 2015; 385:2197–208