From: "ROOT" <root@sctimst.ac.in>
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Date: 05/08/2025 07:52 AM
Subject: Invitation for CGR

Greetings from AIIMS, Rishikesh !!
The next CGR will be held on Aug 5, 2025, in the CPD Hall, AIIMS Rishikesh, from **8:00 AM to 9:00 AM**. You can join online through the following link:

Meeting link:
https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=m9f40ae5c78bd76d50be0e79815eaef8b
Tuesday, Aug 5, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2518 819 5435
Meeting password: 050825

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

CLINICAL GRAND ROUNDS

Department of Medical Oncology Haematology (5.8.2025)

Name: Mr. GS	**Age/Sex: 56 y/m** **UHID: 20180056623**	**Residence: rishikesh**
Case Presenter: **Dr Bibhant Shah** **Senior Resident, clinical hematology**	**Moderator** **Dr Uttam Kumar Nath** **Professor & HOD** **Medical Oncology Haematology**	**Consultant in charge** **Dr Uttam Kumar Nath** **Professor & HOD** **Medical Oncology Haematology**

Title: Cutaneous Lesions as a late complication post-Hematopoietic Stem Cell Transplantation (ASCT) in High-Risk Kappa light chain Multiple Myeloma with Del(17p13) in Stringent Complete Response & Measurable Residual Disease (MRD) negative status

The post-Hematopoietic Stem Cell Transplantation period in multiple myeloma patients is marked by significant immunosuppression, both due to the transplant itself and subsequent anti-myeloma treatments, which predisposes patients to opportunistic infections. The differential diagnoses include various opportunistic infections, inflammatory/ autoimmune conditions, & cutaneous manifestations of multiple myeloma (plasmacytomas or cutaneous amyloidosis).

Patient Details

56 Year male from Rishikesh, Chef by occupation.

Chief Complaints & Presentation:
Painless, pruritic reddish raised lesions over face, chin and scalp (occipital & temporal areas) since 3 month.

The patient is a known case of multiple plasmacytoma, diagnosed in 2018, subsequently progressing to kappa light chain multiple myeloma, for which he underwent autologous stem cell transplant in Feb 2022 and is currently on maintenance therapy.

Treatment history

Date / Period	Chemotherapy Regimen	Cycle / Notes
Dec-18	RVD (Lenalidomide, Bortezomib, Dexamethasone)	2 cycles – progressive myeloma disease
Jan-19	PAD (Bortezomib, Doxorubicin, Dexamethasone) x 1 cycle	Started due to progressive disease & new onset bulky plasmacytomas
Feb-19	Very intensive VTD-PACE chemotherapy (Bortezomib, thalidomide, dexamethasone, cisplatin, doxorubicin, cyclophosphamide, etoposide) started for aggressive myeloma	Cycle 1 (07–10 Feb)
Mar-19	VTD-PACE	Cycle 2 (11–14 Mar)
Apr-19	VTD-PACE	Cycle 3 (10–13 Apr)
May-19	VTD-PACE	Cycle 4 (09–13 May)
2019 – Mar 2022	Bortezomib-based maintenance started	High-dose Melphalan chemotherapy + Hematopoietic Stem Cell Transplantation (ASCT) advised; patient deferred due to financial reasons.
2-Mar-22	ASCT with Melphalan 200 mg/m²	Transplant performed
July 2022	VRD Consolidation therapy x 2 cycles	Day +100 post-Transplant: Stringent Complete Response (sCR) and Flow-MRD negative
Sep-22	Dual Maintenance therapy (Lenalidomide + Bortezomib) started	Patient remains in Stringent CR till latest follow-up (July 2025)

Clinical examination:

Site and distribution of lesion are Chin, perioral region, right temporal region and both legs. On morphology lesions are Multiple well-defined, discrete, flesh to dusky papulonodules with few lesions surface showing overlying central erosion not associated with pain or itching .

Chin and perioral lesional biopsy :

Chronic granulomatous inflammation with areas of necrosis, PAS and GMS stain +ve yeast forms consistent with cutaneous histoplasmosis.

Course of treatment

- Treatment: Initiated on Oral Itraconazole 400 mg BD x 3 days, followed by 200 mg BD.
- Inj Bortezomib stopped due to significant drug interaction with Itraconazole (risk of bortezomib-increased peripheral neuropathy)
- Monitoring: Regular CBC, LFTs and lesion photography.
- Outcome: Significant improvement in skin lesions after 4 weeks.

Discussion

The delayed development of **cutaneous histoplasmosis** in a Multiple Myeloma patient who is on maintenance chemotherapy more than 3 years post-Hematopoietic Stem Cell Transplantation (ASCT), in Stringent Complete Response & Measurable Residual Disease (MRD) negative status and without any immune paresis, without evidence of systemic/disseminated Histoplasmosis highlights the very rare but possible risk of **opportunistic infections** in the post-transplant setting. Early diagnosis by tissue **biopsies** and workup for opportunistic **microbiological infections** are crucial for diagnosis & definitive treatment.