

[Abstract 14]

DIFFERENTIAL DIAGNOSIS OF WALDENSTROM'S MACROGLOBULINEMIA(WM) AND OTHER B-CELL DISORDERS (BCDs)

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Waldenstrom's macroglobulinemia (WM) is characterized by lymphoplasmacytic infiltration of the bone marrow and/or other tissues and the presence of a serum monoclonal IgM (without cut-off limit). Differential diagnosis from other BCDs is usually easy, based on clinical, morphologic, histopathologic, immunophenotypic and genetic features. Nevertheless, all BCDs potentially produce monoclonal IgM. In this study we reviewed the medical files of 130 IgM-secreting BCDs patients. 83 were diagnosed as WM, 6 as IgM-MGUS and 41 as other BCDs (30% MZL, [1/2 SMZL, 1/4 MALT], 20% CLL, 12,5% SLL, 17,5% MCL, 10% FL, 2,5% cryoglobulinaemia and 7,5% DBCL). Median IgM levels were 3215 mg/dl in WM, 840 mg/dl in IgM-MGUS and 285mg/dl in other BCDs (5 had IgM > 1500mg/dl). In 25% of non-WM BCDs monoclonal IgM was found only when more sensitive immunofixation methods were used. 33,5% of BCDs patients (SMZL, SLL) actually correspond to WM diagnosis (low IgM in the majority) and 12% of WM patients could have been classified as other BCDs with high monoclonal IgM. Diagnosis seems debatable in 20-30% of cases. Research in this field should continue to further clarify the disease entities that are overlapping with WM.