Session X: Disease Related Morbidities in

Waldenström's Macroglobulinemia

Abstract 151

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Waldenström's and the Nervous System: "Bing Neel" revisited. Fred Hochberg, Massachusetts General Hospital, Pappas Center for Neuro Oncology, Boston, MA, USA.

Waldenström's macroglobulinemia produces peripheral neuropathy which occurs in nearly half of WM patients and hyperviscosity-related nervous system disorders in up to one third. The term "Bing-Neel" has been applied in a non-specific fashion to a large variety of other WM-associated neurologic syndromes. These complications are rare but should be included in large clinical experiences and clinical trials. We have performed a systematic review of the English language literature as well as our own experience. We discuss the mechanisms for WM-associated encephalopathy or myelopathy or neuropathy. These are caused by direct lymphoplasmacytic involvement of brain or spinal fluid, paraprotein IgM deposition to produce a vasculopathy of white matter and neuropathy. The clinical implications of these include WM meningitis or cerebriitis, WM transformation into DLBCL in orbit or brain or CSF; paraneoplastic antibody-associated brain and spinal cord processes. Anti-MAG associated WM processes cause most peripheral neuropathies. IgM deposition produces areas of white matter ischemia seen as MRI flair or diffusion anomalies in addition to pentameric IgM hyperviscosity syndromes of eye and brain. Treatment options, addressing both the paraprotein burden and the lymphoplasmacytic or transformed clone, include plasmapheresis and chemotherapy with alkylating agents, nucleoside analogues, and rituximab.