

## KSN 2017 Abstract

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### Light chain deposition disease associated with multiple myeloma during pregnancy

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**Case Study :** Pregnancy results in physiological changes at kidney and leads to increase glomerular filtration rate (GFR), permeability of glomerular basement membrane (GBM) and proteinuria. Preeclampsia is the most common cause of proteinuria with hypertension during pregnancy. Primary renal disease and renal disease secondary to systemic disorder may rarely occur simultaneously during pregnancy with proteinuria.

A 34-year-old, previously G3P3 woman was admitted to our hospital with abdominal distention and lower extremities pitting edema. At the 24th week of gestation, she was delivered of a stillbirth due to preterm labor. Hypertension, proteinuria (random spot urine protein/creatinine ratio 12,000mg/g) and renal deterioration (serum creatinine 1.18 mg/dL) progressed after 7 days of delivery. M-peak was found on serum and urine protein electrophoresis. A serum free light chain assay showed absolute elevation of lambda chains at 1013.9 mg/L with decline of Kappa to lambda ratio of 0.05. Renal biopsy revealed light chain deposition disease with lambda light chain deposits on immunofluorescence. Bone marrow examination was compatible with multiple myeloma. To our knowledge, this is the first represented case of light chain deposition disease associated with multiple myeloma during pregnancy.

**Keywords :** Light chain deposition disease(LCDD); Nephrotic syndrome; Pregnancy