

## MASS CONFUSION A LIQUID CANCER'S SOLID DISGUISE

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### THE WARM HANDOFF HOSPITAL PROJECT





familiarity with medical

• Prevention > intervention

## PATIENT INFORMATION: RH, 58 Y/O M

### Hospitalized in the setting of NSTEMI from newly diagnosed acute-onchronic HFpEF

Supporting evidence: timeline, dyspnea, BLE edema, FHx, BNP/troponin elevations, interstitial edema, ECG, TTE, risk factors (extensive methamphetamine and tobacco use)

Initial treatment: admission, diuresis, mineralocorticoid receptor antagonist, SGLT2 inhibitor





## CLINICAL COURSE



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malignancy" • Protein studies: nephrotic-range free lambda light chain proteinuria and hypogammaglobulinemia

•CT: "mesenteric, peritoneal, and retroperitoneal nodules concerning for

### FORTUNATELY, PT CAME TO SLC APPOINTMENT

Repeat CT: masses had decreased in size and density

malignant lymphadenopathy  $\rightarrow$  resolving hemorrhages



MULTIPLE MYELOMA W/ CARDIAC & VASCULAR AMYLOIDOSIS

Patient elected for hospice/palliative care...ON ONE CONDITION:

SLC clinician and medical students continue to be involved



### LONGITUDINAL STUDENT INVOLVEMENT







## WHAT I LEARNED ABOUT... ...medicine

- Multiple myeloma can result in amyloid-associated disease
  - Cardiac amyloidosis
  - Amyloid angiography  $\rightarrow$  multiple hemorrhagic foci
- Cardiac technetium scan can ONLY detect transthyretin amyloid (eg. Not AL amyloid)
- Amphetamine stimulants can be used in hospice for fatigue
- Opioids can be used in hospice to reduce dyspnea
- The U of U has a very easy process for body donation







# Thanks for listening!

