

Prognostic Factors of Renal Impairment in Multiple Myeloma in Senegal

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Abstract

Introduction: The occurrence of renal impairment in multiple myeloma is a major turning point in the evolution of this incurable malignant hemopathy. This is the main prognostic factor and more and more authors report its major impact on the long-term overall survival of these patients. The aim of this study was to describe the prognosis and to determine the prognostic factors of renal involvement in multiple myeloma in Senegal.

Patients and method: This was a multicenter, retrospective descriptive and analytical study lasting 7 years, involving 133 patients with renal impairment during follow-up. Predictive factors, prognosis and treatment outcome of hematologic and renal response were studied at 3 months, 6 months and 1 year of follow-up.

Results: One-year survival was observed in 17% of patients. It was conditioned by renal prognosis, hyperbeta2- microglobulinemia and anaemia. Renal prognosis was negatively influenced by hyperprotidemia, proteinuria and advanced age. Patients treated with Velcade, who were adjusted for other drugs, had better recovery of renal function. Predictors of kidney damage were age, gender, high blood pressure, diabetes, NSAIDs, exposure to toxic products, taking herbal medicine. Finally, anaemia and hyperbeta2-microglobulinemia were associated with a higher occurrence of death.

Conclusion: The prognosis of renal involvement in multiple myeloma in Senegal is still poor and in addition to the prognostic factors reported in the literature, the inaccessibility to chemotherapy last generation is the challenge to improve this prognosis.

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