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## THE IMPORTANCE OF A CORRECT DIAGNOSIS BETWEEN MGUS AND SMOLDERING MULTIPLE MYELOMA

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### INTRODUCTION

Monoclonal Gammopathy of Undetermined Significance (MGUS) affects more than 5% of the general population above 70 years-old and represents a pre-malignant condition for Multiple Myeloma (MM). Considering the importance of such diseases and the severity of Hypergammaglobulinemia present in MGUS and MM, this current study aims to distinguish MGUS from smoldering MM in terms of laboratory work-up and diagnosis and symptomatology.

### RESULTS

The known laboratorial definition of MGUS is serum M protein level lower than 3g/dl, 300mg/24h in urine and plasmocytic bone marrow infiltration less than 10%, as well as absence of classic MM clinical symptoms, including anemia, lytic bone lesions, kidney dysfunction or other organ damage. In practice, it can presents as an incidental finding that leads to suspicion just by osteopenia.

### CONCLUSION

Smoldering MM is a malignant condition and displays risk of symptomatic disease progression approximately 10-fold higher than MGUS. Once symptomatic, treatment is achieved with chemotherapy. MGUS does not require pharmacologic therapy and a conservative management is generally adopted, despite some data suggesting intravenous bisphosphonates in a minor proportion than in malignant disease in order to control osteopenia progression. Patients must go through semestral follow-up that includes serum protein electrophoresis in order to monitor disease course through M protein levels control. The correct identification of MGUS and smoldering MM is crucial to establish the ideal follow-up plan and determine the need for aggressive treatment.

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