



Fig. 1. Bone marrow aspirate exhibiting sheeting of abnormal plasma cells constituted by eccentric nucleus with coarsely clumped nuclear chromatin, variability in cell shape, more prominent nucleolus, and sometimes bi- or multi-nucleation. (H & E, $\times 400$).

therapy for his myeloma. This gentleman died several months later due to myelomatous complications.

DIFFERENTIAL DIAGNOSIS

Dr. Shi-Tsien Hsu:

May we review the nuclear images?

Dr. Shea-Mung Cheng:

The Tc-99m HSA bleeding scan shows faint abnormal tracer accumulation in the left mid-abdomen at two hours with no significant further changes in intensity or location up to 24 hours. This was assumed to be probably of no significance, and suggesting minimal bleeding, most likely in the descending colon.

Dr. Churg-Lin Chang:

Was there a possibility of recurrent renal cell carcinoma in this patient? Perhaps, metastases to the intestines caused the GI symptoms?

Dr. Shi-Tsien Hsu:

During the colectomy procedure, no tumorous mass was found to be afflicting the intestines. Our pathologist would have informed us of any metastases if there were any found during serial sectioning.

Dr. Be-Fen Chen:

We noted no tumoral metastasis on the submitted

specimen.

Dr. Yu Jan Chan:

What about IBDs for his continuous rectal bleeding, specifically, ulcerative colitis and Crohn's disease?

Dr. Shi-Tsien Hsu:

Coloscopic findings disfavored Crohn's disease. Ulcerative colitis was a remote possibility.

Dr. Jeffery Tzen:

As to the alimentary motor disturbances, namely a change in bowel habit, flatulence, and abdominal pain, was a detailed family history elicited? Are there any incidences of familial myopathy or neuropathy that may have been a contributing factor to the GI symptoms?

Dr. Daniel Chin:

And what about diabetes mellitus? This gentleman was 73 years old. What about Parkinson disease?

Dr. Churg-Lin Chang:

This man and his family denied any familial diseases and clinically do not have DM. He also did not have signs of Parkinsonism.

Dr. C. Y. Tzen:

I think it is quite possible that his constitutional digestive disturbances may have been multifactorial. It may have resulted from his myeloma or perhaps the side effects of chemotherapy.

Dr. Kuo Ming Chang:

Could the patient have had primary systemic amyloidosis? The bone marrow aspirate showing plasma-cell dyscrasia should have prompted a tissue biopsy for such a possibility.

CLINICAL DIAGNOSES

- ? Ulcerative colitis.
- ? Constitutional GI adverse effects from myeloma or its treatment.
- ? Systemic amyloidosis.

PATHOLOGICAL DISCUSSION

Dr. Be-Fen Chen:

Dr. Chin, would you kindly present the macro-