CORRESPONDENCE

Monoclonal IgM Gammopathy and Waldenström's Macroglobulinemia

by Dr. med. Alexander Grunenberg, and Prof. Dr. med. Christian Buske in issue 44/2017

Correction of the Definition of MGUS

The authors very clearly discuss the problems of monoclonal IgM gammopathy and Waldenström's macroglobulinemia (1). At the same time they comment that only hematological and in particular serum protein electrophoresis (SPE) can show whether monoclonal gammopathy of unclear significance (MGUS) is present or not. This interpretation of MGUS is based on suggestions from the International Myeloma Working Group. From an ophthalmological perspective, however, this interpretation of MGUS cannot be confirmed. In our thesis for the American Ophthalmological Society, we showed that numerous MGUS-induced paraproteinemic keratopathies (PPK) can be observed (2). On the basis of the literature so far and numerous cases of our own, we were able to show 17 different patterns of corneal opacity in the context of MGUS-induced PPK. Only SPE—often only initiated years later—provides the correct diagnosis. Of Germany's population of 81.6 million, 36.5 million are 50 or older. Assuming a rate of MGUS of 3%, this translates into 1.2 million people with MGUS. A postulated 1% of 1.2 million means 12 000 patients with MGUS-induced PPK in Germany, and more than 46 000 cases of MGUS-induced PPK in the United States.

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References

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Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

We are delighted that our review article has met with such interest. Professor Lisch rightly points out that monoclonal gammopathy per se may be associated with a multitude of disorders (1). The associated disorders, however, do not in themselves allow a diagnosis of MGUS—this requires serum electrophoresis com-

bined with immunofixation. As a potential precancerosis, monoclonal gammopathy of unclear significance (MGUS) describes a state in which the size of the plasma cell clone is by definition not sufficient to enable a diagnosis of a hematological malignancy, such as lymphoma or myeloma. Actually, most patients remain asymptomatic throughout their lives. However, as Professor Lisch comments, a multitude of MGUS-associated disorders exist, in which the “toxic” characteristics of the paraprotein dominates, either because of paraprotein deposits or because of autoantibody activity. In all these disorders, the monoclonal gammopathy causes organ damage in different ways. For this reason, the term “monoclonal gammopathy of unclear significance” should not be used in these cases but be replaced by the term “MGUS-associated disorder” (2, 3). Some examples are, as mentioned in our article on the basis of IgM gammopathy, cryoglobulinemia, neuropathies, POEMS syndrome, or monoclonal gammopathy with renal significance (3). This spectrum also includes the so-called oculopathies in the form of keratopathies, which, however, according to what we know and the publication cited by Professor Lisch, are primarily associated with IgG gammopathy and therefore mostly do not fall into the category of IgM-associated disorders, which are the main focus of our article.

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