**Introduction**

Multiple myeloma is a neoplastic proliferation of abnormal plasma cells; a clonal malignancy of terminally differentiated B lymphocytes. The clinical features of multiple myeloma depends on either direct proliferation of the plasma cells resulting in extensive bony destructive lesions including pathological fractures or indirectly related to paraprotein production mainly monoclonal immunoglobulins causing renal damage e.g. proteinuria, renal impairment (acute kidney injury), electrolyte disturbances and amyloid deposits.

However multiple myeloma can also present with signs of spinal cord compression resulting in paraesthesia and paraplegia which can be missed and lead to delay in diagnosis and treatment.

**Case Description**

A 73 years old patient with past medical history of; asthma, atrial fibrillation on warfarin, bilateral knee replacements (last replacement 2 years prior to presentation), presented to the emergency department, following recurrent mechanical falls. The patient had suffered prepatellar lacerations which was treated with suturing and discharged home.

The patient further attended to the emergency department with right knee pain, complaining of inability to walk. The working diagnosis was right knee haematoma due to raised international normalised ratio (INR) since she was on warfarin. She required knee washouts and multiple blood transfusions due to anaemia and was subsequently discharged.

**Results**

The patient was re-admitted with recurrent falls. Further physiotherapy was arranged and plans made for discharge with outpatient physiotherapy.

During a weekend on call; the patient’s husband asked the oncall consultant to review his wife as he was worried about general decline.

The consultant listened to the husband and to his own instinct. Upon examination; the patient appeared to have had significant neurological symptoms of cauda equina syndrome.

She was urgently referred to a neurosurgical centre for surgical decompression. The findings of anaemia also prompted requesting myeloma screen which showed significant free light chain excretion, which was subsequently treated as myeloma by radiotherapy followed by chemotherapy.

**Take Home Message/Conclusions**

Radiculopathy, usually in the thoracic or lumbosacral area, is the most common neurologic complication of Multiple Myeloma. It can result from compression of the nerves by plasmacytoma or rarely by the collapsed bone itself. Spinal cord compression from multiple myeloma, should be suspected in patients presenting with severe back pain along with weakness or paraesthesia, bladder or bowel dysfunction or incontinence, along with anaemia (requiring blood transfusions) in the

absence of significant hypercalcemia.

It is also important to listen to patients and family when they warn you that their “loved one’s” are not feeling right.