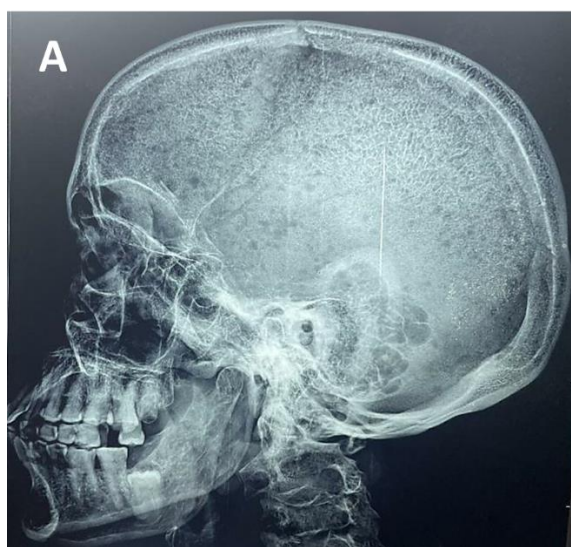


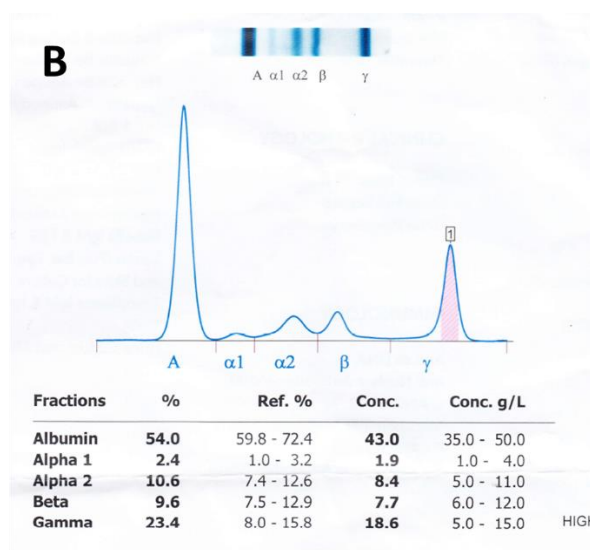
Clinical images from Anuradhapura

Multiple myeloma

Prasanna Weerawansa^{1*}¹Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka, Saliyapura, Sri Lanka**Keywords:** Multiple myeloma, Raindrop skull**Copyright:** ©2023 Weerawansa P. This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.**Funding:** None**Competing interest:** None**Received:** 17.07.2023**Accepted revised version:** 18.07.2023**Published:** 25.07.2023*✉Correspondence: pweerawansa@yahoo.com <https://orcid.org/0000-0001-8711-9204>Cite this article as: Weerawansa P. Multiple myeloma. Anuradhapura Medical Journal 2023; 17 (2): 58. DOI: <http://doi.org/10.4038/amj.v17i2.7789>

A: Raindrop skull: This X-ray skull is from a 78-year-old lady who presented with back pain. It shows numerous well-circumscribed 'punched out' lytic lesions of various sizes scattered throughout the skull. On the x-ray, these lesions resemble raindrops hitting a surface and splashing, leaving a random pattern of dark spots, hence is classically described as a 'raindrop skull'.

B: M spike: This is the serum protein electrophoresis profile of the patient. It shows a dense monoclonal band in the gamma region.



These two investigations suggest the underlying diagnosis of Multiple myeloma. Other supportive investigations were raised Erythrocyte Sedimentation Rate and calcium levels, and normochromic normocytic anaemia with excessive rouleaux formation in the blood picture. The diagnosis of multiple myeloma was confirmed with a bone marrow examination which showed more than 10% plasma cells.