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Could the use of appropriate diet help in the prevention of multiple myeloma?

Dear Editor,

The severity of the monoclonal gammopathy of undetermined significance (MGUS) is based on data from a large epidemiologic study with a median follow-up of 15.4 years, showing constant rate (1% per year) of progression of MGUS to multiple myeloma. Patients were at risk even after 25 years or more of stable MGUS, making life-long follow-up necessary [1,2].

Occurrence of "M" component in the sera of patients with psoriasis, or psoriatic arthritis, like in MGUS, has been reported [3], and it was stressed that these patients can sometimes develop multiple myeloma [4]. We tested serum IgA and IgG immunoreactivity to 3 food constituents and the presence of MGUS in an 83-year-old patient with psoriatic arthritis diagnosed in 2000, by ELISA and by electrophoresis and immunofixation. Cow's milk proteins (CMP) (ICN Biomedicals, Inc. Costa Mesa, USA), phytohemagglutinin P (PHA) (INEP Zemun, Serbia) and gliadin (Binding Site, Birmingham, UK) were used as antigens for ELISA tests.

The results indicated much enhanced IgA and IgG immunoreactivity to CMP. Analysis of the patient's serum by electrophoresis and immunofixation revealed the presence of "M" component (monoclonal IgG (λ) immunoglobulin; Figure 1A). When the patient learned about his enhanced immunoreactivity to CMP, he decided not to consume food with CMP. A month and half after the start of CMP-free diet, analysis of serum proteins was carried out. At that time, the patient had not taken any immunosuppressive drugs.

Serum electrophoresis revealed disappearance of the "M" component (Figure 1B). Also serum anti-CMP IgG dropped from 892 AU/ml to 0 AU/ml (anti-CMP IgA also dropped from 240 AU/ml to 0 AU/ml). Besides, concentrations of total serum proteins and of IgG were diminished after the CMP-free diet (Table 1).

Our results are in accordance with the data from only one report dealing with a possible link between disappearance of MGUS and gluten-free diet [5]. In conclusion, this analysis indicates the need for new research aiming at answering whether special food restriction diet for individuals with enhanced immunity to some food constituent(s) would help manage the now non-curable MGUS.

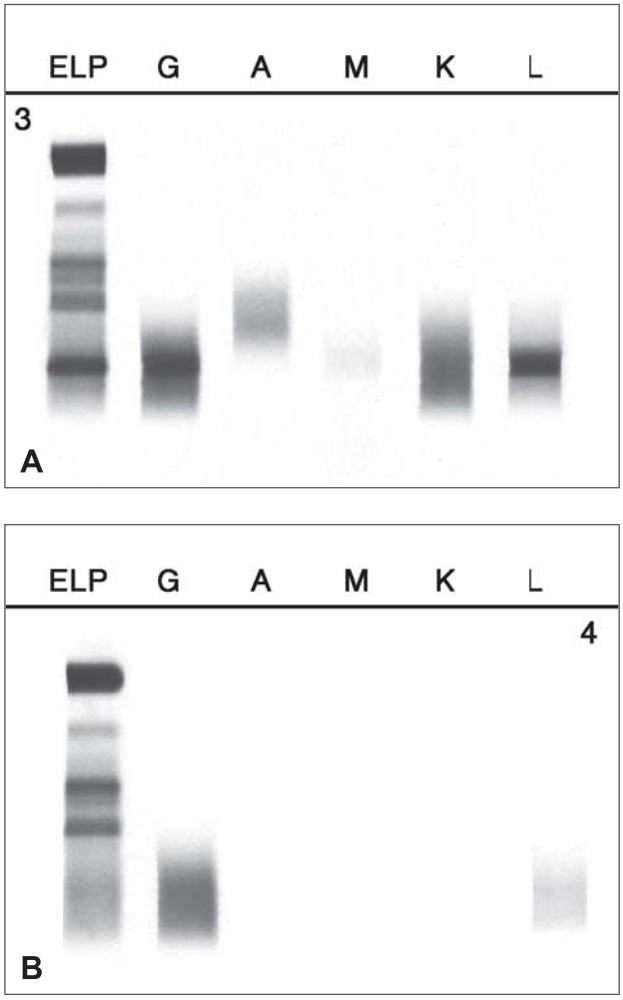

Figure 1. Serum protein electrophoresis and immunofixation. **A:** "M" component before CMP-free diet; **B:** disappearance of "M" component after CMP-free diet.

Table 1. Proteins in patient's serum before CMP-free and after CMP-free diet

	Date		
Test	*6/24/ 2008 Before CMP-free diet*	*8/26/ 2008 After CMP-free diet*	
Electrophoresis	*With "M" component*	*Without "M" component*	*Normal range values*
IF "M" component	IgG (λ)	–	–
Total IgG (g/L)	17.8	11.23	7.0-16.0
Total IgA (g/L)	2.21	2.95	0.7-4.0
Total IgM (g/L)	0.51	0.33	0.4-2.3
Albumins (g/l)	42	40	35-50
Total proteins (g/l)	73	69	65-82
Anti CMP IgG (AU/mL)	892	0	<38.83
Anti CMP IgA (AU/mL)	240	0	<11.32
Anti PHA IgG (AU/mL)	50	100	<128
Anti PHA IgA (AU/mL)	100	84	<248
Anti gliadin IgG (IU/mL)	4.1	nd	<5.83
Anti gliadin IgA (IU/mL)	2	nd	<3.46

IF: immunofixation, CMP: cow's milk protein

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Prolonged disease free survival with aggressive adjuvant chemotherapy in a case of large cell neuroendocrine carcinoma of the uterine cervix

Dear Editor,

Large cell neuroendocrine carcinoma (LCNEC) of the uterine cervix is a rare malignancy comprising about only 0.6% of all cervical tumors, with a highly aggressive biologic behavior and a clinical course frequently characterized by early high regional recurrence rate and widespread hematogenous metastases [1]. Many treatment modalities have been used, however prognosis remains poor for both early and advanced disease. Our experience is derived from a case of a 60-year-old patient with large cell neuroendocrine cervical tumor treated with radical surgery, followed by adjuvant chemotherapy with cisplatin and etoposide (PE) for 6 courses and consolidation radiotherapy. The patient remained free of tumor recurrence for 14 months. Metastatic disease occurred in the lungs and liver and was first treated with PE and then with cisplatin/irinotecan without response and the patient succumbed to her disease 18 months after initial diagnosis.

The basis of treatment of LCNEC of the uterine cervix is derived from the therapy of cervical small cell neuroendocrine carcinoma (SCNEC) and small cell lung tumors. Initial surgical therapy in the form of radical hysterectomy with bilateral salpingo-oophorectomy and lymph node dissection for the treatment of LCNEC at early stages appears to be crucial predisposing to a better prognosis, as long-term disease-free survival has been reported only in patients with early-stage disease treated with surgery [2]. Chemotherapeutic regimens used for the treatment of LCNEC usually follow those of cervical and pulmonary SCNEC. Regimens containing cisplatin and etoposide and vincristine, adriamycin, cyclophosphamide (VAC) offer survival advantage and are more frequently used [3]. Regarding the use of radiation therapy, most clinicians prefer adjuvant radiation even in early-stage disease. However, several studies have failed to support the use of adjuvant radiation, as patients receiving adjuvant radiation tended to have a poorer prognosis in comparison with patients receiving only adjuvant chemotherapy, while adjuvant chemoradiation did not result in a better outcome when compared to adjuvant chemotherapy alone [3,4].

According to our experience and the conclusions