



# Lytic Lesions in Thalassemia Major

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Received: Jan 04, 2021

Accepted: Feb 11, 2021

Published Online: Feb 15, 2021

Journal: Journal of Case Reports and Medical Images

Publisher: MedDocs Publishers LLC

Online edition: <http://meddocsonline.org/>

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## Clinical image description

A 62-year-old Female with Beta-Thalassemia Major, complicated by transfusion dependence, hypocalcemia, and iron-overload requiring chelation therapy. Cat scan after skull injury, revealed multiple lytic lesions scattered throughout the calvarium some which demonstrated cortical disruption and concern for neoplasms such as multiple myeloma or metastatic disease. (Figure A).

Evaluation with Pet scan revealed minimal uptake associated with the lytic lesion at the calvarium near the skull vertex on the left (Figure B). Other calvarial lytic lesions were non-avid. Se-

rum workup including peripheral flow cytometry, serum protein electrophoresis, free Kappa Lambda light chains, immunofixation, quantitative immunoglobulins, and beta 2 microglobulin was not consistent with multiple myeloma.

No evidence of multiple myeloma or malignancy was found, instead, the prominent bony lesions are consistent with observations seen in patients with Beta-Thalassemia major. These cranial lucencies have been documented in the literature as due to focal proliferation of marrow cells or degenerative type of marrow expansion.



