

**CLINICAL FEATURES & ATTRIBUTES OF WALDENSTRÖM'S  
MACROGLOBULINEMIA (WM)**

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Since its original description in 1944, WM has evolved into a defined entity as one of the low-grade non-Hodgkin's lymphomas (lymphoplasmacytic lymphoma). Diagnosis is based on bone marrow infiltration with clonal lymphoid cells and a monoclonal IgM in the blood. Symptoms and signs are due to one or both of these findings. Overt WM is preceded by IgM monoclonal gammopathy of undetermined significance (MGUS) in most or all patients. A positive family history is found in 15-20%. Enlarged lymph nodes, liver or spleen are seen in 20% of patients while up to one-third have hyperviscosity syndrome (HVS). HVS can be diagnosed from the physical exam and treated effectively by plasmapheresis. Cryoglobulins, cold agglutinins and peripheral neuropathies occur in 10-20% of patients, most on an autoimmune basis. In contrast to multiple myeloma, destructive (lytic) bone lesions and kidney failure are rare. Adverse prognostic factors in WM include age >65, anemia, low platelets, elevated B<sub>2</sub>-microglobulin & LDH, and M-protein levels >7.0 gm/L. Some patients do not require therapy initially and those that do often survive for many years. New novel agents are under active investigation and will further improve patient outcomes.