Dental Management Waldenström Macroglobulinemia

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Background: Waldenström Macroglobulinemia (WM) is an indolent lymphoma with lymphoplasmatic infiltration of the bone marrow and immunoglobulin M (IgM) gammopathy. The cause of WM is unknown, although 93-97% of cases are associated with somatic mutations (MYD88 / CXCR4) that are detectable in 90% of patients. There are approximately 1,000 – 1,500 new cases of WM being diagnosed every year in the United States. The incidence of this disease is 3 cases per million per year. It is higher in Caucasians than African Americans and higher in men than women. The overall survival for these patients as reported in the literature is 8 years. Methods: 58 y/o Male patient from the MD Anderson Cancer Center (MDACC) Lymphoma and Myeloma Center with multiple contributory medical conditions and diagnosed with WM in 2015. Patient was asymptomatic until august 2020 when he developed symptomatic anemia. Full body work up was performed at MDACC with significant values for IgM (3085) (+MYD88 /-CXCR4), HGB 9.8, PLT 195, bone marrow biopsy showed 70% involvement WM. In September 2020, he underwent chemotherapy treatment with Bendamustine and Rituximab until February 2021. Patient was referred to the Oral Oncology service at MDACC for baseline evaluation and treatment recommendations regarding bleeding gums. Conclusion: Patients' intraoral healing capacity is enhanced when provided with white blood cell enhancing injections. Patients that have been diagnosed with WM could be treated for surgical and non-surgical procedures as outpatients as long as there is no diagnosis of hyperviscosity syndrome, oral hygiene is good, and the IgM levels are manageable. Patients should be considered to be treated as an in-patient for surgical or non-surgical dental procedures when there is a positive diagnosis of hyperviscosity syndrome, oral hygiene is poor, and the IgM levels are well above 3000 mg/dL.