A 57-year-old woman was diagnosed with κ light-chain myeloma with extensive bone lesions, including pathologic fracture of the left forearm. Findings on kidney function studies were normal. She had pain in the right forearm, the radiograph of which showed an approximately 7-cm segment of proximal radius completely destroyed by the disease (Figure A). She was started on systemic antimyeloma treatment with a bortezomib, lenalidomide, and dexamethasone regimen with zoledronic acid. After 6 months of treatment, there was evidence of extensive new bone formation in the area where there was no bone initially (Figure B). She attained a very good partial remission status. Consolidation autologous bone marrow transplant was advised, but she decided to postpone it. Hence, she was prescribed maintenance bortezomib and zoledronic acid and is currently maintaining the response. Minimal to moderate activities have been initiated with the help of physiotherapy.

Bone remodeling happens in myeloma to a certain extent, but such extensive bone remodeling resulting in almost complete refilling of an area of lost bone is rarely reported in the literature, indicating the importance of bone-directed treatment along with antimyeloma therapy and the possible good responses obtainable.

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