Worsening COPD from Hyperviscosity: A Case Report of Waldenström Macroglobulinemia

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Introduction

Waldenström macroglobulinemia (WM) is a rare, low-grade B-cell lymphoproliferative neoplasm with an annual incidence of 3 to 4 cases per million.

Hyperviscosity syndrome, a rare complication, is an oncologic emergency that requires **prompt** recognition and treatment with plasmapheresis.

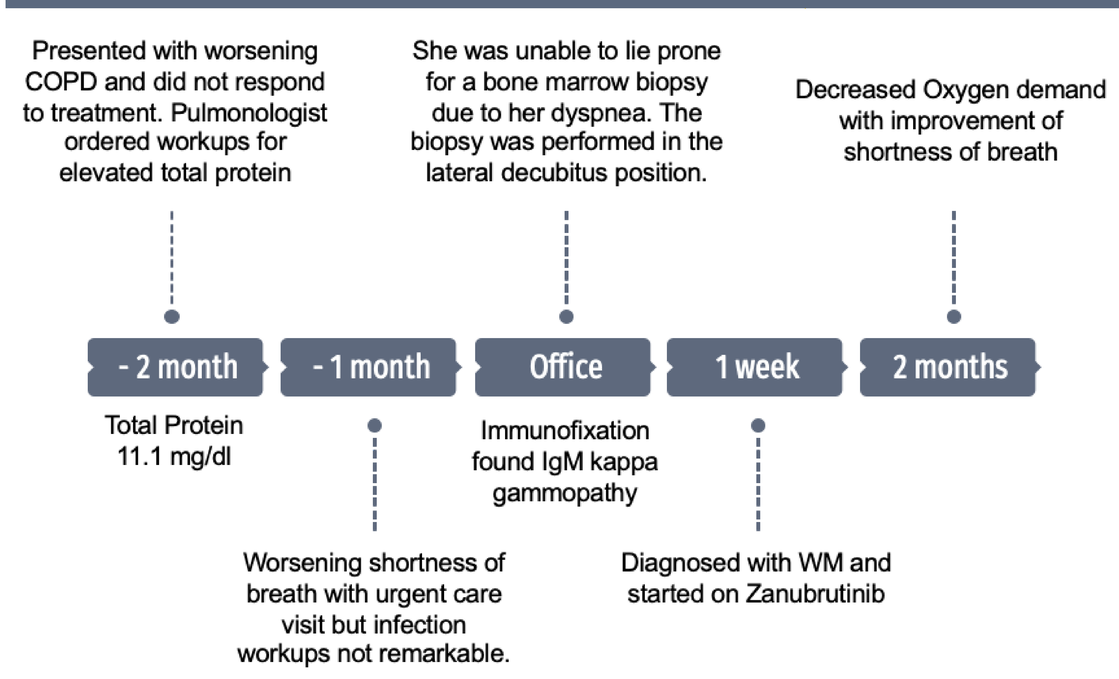
Case Presentation

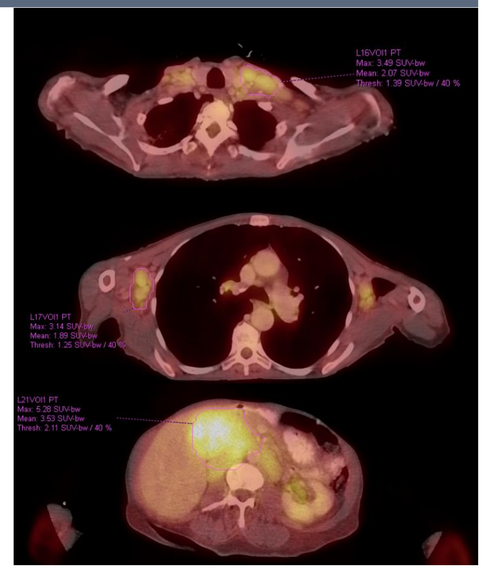
We present a 73-year-old female with a past medical history of chronic obstructive pulmonary disease (COPD) who developed worsening dyspnea on exertion and chronic fatigue due to **hyperviscosity syndrome from WM.**

She denied night sweats, vision changes, or bleeding, and her neurological exam was unremarkable.

Laboratory Parameter	Result	Unit
Total Protein	11.1	mg/dL
Albumin	3.0	g/dL
White Blood Cell Count	3.31	k/μL
Hemoglobin	11.3	g/dL
Platelet Count	175	k/μL
IgM Kappa Monoclonal Spike (SPEP/Immunofixation)	5.28	g/dL
Quantitative IgM	>6500	mg/dL
Serum Viscosity	5.9	times water

Case Presentation





Tracer avid lymph nodes throughout the torso, which are consistent with lymphoma.

Discussion

Hyperviscosity syndrome should be promptly identified through careful monitoring for **mucosal bleeding, neurological symptoms, and visual changes** and confirmed through lab results.

In this case, the patient's decision not to pursue plasmapheresis presented a challenge, as untreated hyperviscosity can lead to **life-threatening complications**.

This case also highlights the importance of **a thorough differential diagnosis** in patients with chronic fatigue and worsening respiratory symptoms, as her underlying COPD complicated the diagnostic process and could have delayed disease recognition.

References

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Waldenström Macroglobulinemia/ Lymphoplasmacytic Lymphoma NCCN guidelines, Version 1.2025 — September 13, 2024

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