



The 65th ASH Annual Meeting Abstracts

ONLINE PUBLICATION ONLY**654.MGUS, AMYLOIDOSIS AND OTHER NON-MYELOMA PLASMA CELL DYSCRASIAS: CLINICAL AND EPIDEMIOLOGICAL****One Case of Heavy Chain Deposition Disease Treated with Dara+KD Regimen and Literature Review**Meilan Chen¹, Juan Li, PhD²¹The First Affiliated Hospital of Sun Yat-sen University, Guangzhou, China²The First Affiliated Hospital of Sun Yat-Sen University, Guangzhou, China

Background: Heavy chain deposition disease (HCDD) is a systemic disease caused by the deposition of monoclonal immunoglobulin heavy chains in tissues. It is a rare monoclonal immunoglobulin deposition disease. The mechanism of HCDD is still unclear, which may be related to the deletion of heavy chain constant region 1 and the activation of the Complement system by monoclonal heavy chains. Renal biopsy remains the gold standard for diagnosing HCDD at present. There are significant individual differences in the formation of abnormal heavy chains in HCDD patients, and FLC, M protein, and complement detection have certain reference significance for the evaluation of diagnosis and treatment processes. The chemotherapy scheme represented by Bortezomib has a certain effect. HDM/ASCT and kidney transplantation can be used as second-line treatment for some patients. At present, there is no report on the use of CD38 monoclonal antibody combined with KD regimen.

Objective: To explore the efficacy and toxicity of CD38 monoclonal antibody combined with KD regimen in the treatment of heavy chain deposition disease.

Methods: The diagnosis, treatment and efficacy of HCDD who hospitalized in the Hematology Department of the First Affiliated Hospital of Sun Yat-sen University was analyzed, and the value of CD38 monoclonal antibody combined with KD regimen in the treatment of HCDD was discussed. The patient was male, 44 years old, due to "depressed edema of both lower limbs and eyelid edema for more than two months".

Results: Heavy chain deposition disease is a rare malignant Plasma cell disease. CD38 monoclonal antibody combined with KD regimen can rapidly alleviate the disease. This patient got CR and obvious improvement of clinical symptoms after 1 cycle chemotherapy, and has no obvious side effects. We be expected to do 4 cycle chemotherapy and would do ASCT. until now, this patient has got 3 cycles.

Conclusion: Heavy chain deposition disease is a rare malignant Plasma cell disease. CD38 monoclonal antibody combined with KD regimen can rapidly alleviate the disease, with fast onset time, high CR rate, obvious improvement of clinical symptoms, and no obvious side effects.

Disclosures No relevant conflicts of interest to declare.

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