Introduction

There are many renal lesions that occur in the plasma cell dyscrasias; some are the result of deposition or accumulation of the abnormal immunoglobulin, usually the light chain component, in various locations, whereas others are infectious and metabolic complications of the underlying malignancy. This section discusses the major paraprotein-induced lesions. Each has distinct pathologic features and different pathogenic mechanisms. Clinical findings are variable, although the cast nephropathy generally presents with acute renal failure while the deposition diseases present with glomerular proteinuria. Any of the lesions may be the initial manifestation of the plasma cell dyscrasia or may be manifested in a patient already known to have a plasma cell dyscrasia (1).