FROM MONOCLONAL GAMMOPATHY OF UNDETERMINED SIGNIFICANCE (MGUS) TO MONOCLONAL GAMMOPATHY OF CLINICAL SIGNIFICANCE

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Monoclonal gammopathy is defined by the presence in serum and/or urine of a monoclonal immunoglobulin (Ig). The main player in this frequent condition is a B lymphoid cell, which is the target of transforming oncogenic events leading to the emergence of an abnormal clone. This clone is a secreting one and its presence is traduced by the detection of the monoclonal Ig. When it is quiescent, this corresponds to the so-called MGUS. When the abnormal clone is active, it causes a symptomatic "overt" lympho-proliferation. An intermediate condition results in an indolent disease.

When quiescent or indolent, the B-cell clone does not cause tumor symptoms, by definition. Indirect immunological manifestations, such as secondary immune deficiency or autoimmune manifestations are rare. In contrast, tumor mass independent manifestations may occur, due to the monoclonal Ig or other mechanism. The kidney is frequent target of these manifestations and this has led to the introduction of the concept of monoclonal gammopathy of renal significance or MGRS. In addition to the kidney, other organs may be involved, particularly the skin and the peripheral nerve. These situations featured by a dangerous small B-cell clone causing renal and/or extra-renal manifestations justify extending the concept of MGRS to the concept of monoclonal gammopathy of clinical significance or MGCS.