Journal of Gastroenterology, Hepatology and Endoscopy

Clinical Image
Published: 27 Aug, 2024

Duodenal Amyloidoma: A Hidden Cause of Erosions and Gastrointestinal Bleeding

Wagner CE[1], Khan KJ[2] and Qiu S[1]*

[1]*Department of Pathology and Laboratory Medicine, University of Texas Medical Branch, USA*

[2]*Department of Internal Medicine, Gastroenterology & Hepatology Division, University of Texas Medical Branch, USA*

Clinical Image

A 71-year-old African American woman with a history of left breast ductal carcinoma and newly diagnosed right side breast carcinoma presented with hematemesis. Following her right lumpectomy, she experienced nausea, and vomiting which progressed to bloody emesis. She underwent Esophagogastroduodenoscopy (EGD), revealing friable gastric mucosa, erosive gastropathy, and duodenal erosions (Figure 1A). Biopsy of the duodenal mucosa showed focal ulceration, chronic inflammatory infiltrate, and deposition of amorphous material within the lamina propria and submucosa. No atypical cells were identified (Figure 1B). Special stains and immunohistochemistry were ordered to confirm the diagnosis of amyloid deposition. CK7 staining was negative, ruling out metastatic carcinoma, and Congo red staining showed apple-green birefringence (Figure 1C).

Symptomatic amyloidosis involving Gastrointestinal (GI) tract is a rare condition. In a case series of 769 patients with biopsy-proven AL amyloidosis, GI disease was noted only in 8% and the most common organ affected is the stomach [1-5]. After more studies were performed, the patient was found to have smoldering multiple myeloma with light chain restriction.

The tissue was sent to Mayo Clinic to perform Liquid Chromatography tandem Mass Spectrometry (LC MS/MS). The test detected a peptide consistent with AL (kappa)-type amyloid deposition.

Smoldering Multiple Myeloma (SMM) is a disease classified as intermediate in the spectrum of diseases termed plasma cell dyscrasias. SMM is a precursor or early sign that someone may develop multiple myeloma. It may take years to become multiple myeloma and in some cases people who have SMM never develop multiple myeloma.

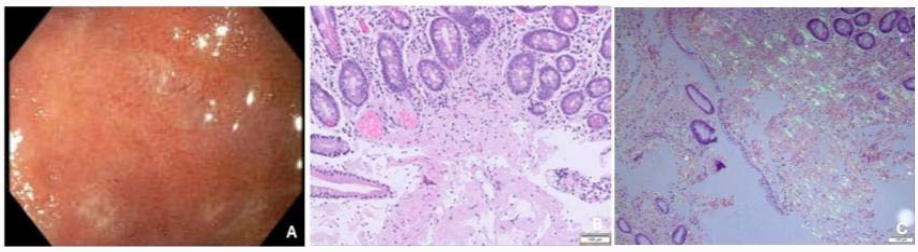

Figure 1: A) Diffuse erosions with bleeding on contact were found in the duodenal bulb. B. Mucosal and submucosal amyloid deposition (H&E). C) Congo red stain showing apple-green birefringence.

References

1. Almushait YB, Syed F, Abbasi SU, Alhussaini HF, Alsohaibani FI. Gastroduodenal amyloidosis: A case report and review of literature. J Surg Case Rep. 2021;2021(4):rjab093.
2. Menke DM, Kyle RA, Fleming CR, Wolfe JT, Kurtin PJ, Oldenburg WA. Symptomatic gastric amyloidosis in patients with primary systemic amyloidosis. Mayo Clin Proc. 1993;68(8):763-7.
3. Liu XM, Di LJ, Zhu JX, Wu XL, Li HP, Wu HC, et al. Localized primary gastric amyloidosis: Three case reports. World J Clin Cases. 2020;8(19):4667-75.
4. Yamaguchi T, Inoue T, Nishida T, Kato M, Hayashi Y, Tsujii Y, et al. Localized gastric amyloidosis mimicking a submucosal tumor-like gastric cancer. Gastrointest Endosc. 2015;82(1):175-7.
5. Hemmer PR, Topazian MD, Gertz MA, Abraham SC. Globular amyloid deposits isolated to the small bowel: A rare association with AL amyloidosis. Am J Surg Pathol. 2007;31(1):141-5.

OPEN ACCESS

Correspondence:
Celeste E Wagner, Department of Pathology, The University of Texas Medical Branch, 301 University Blvd, Galveston, TX 77555-0443, USA, Tel: 832-499-0906;

Received Date: *12 Aug 2024*
Accepted Date: *22 Aug 2024*
Published Date: *27 Aug 2024*

Citation:
Wagner CE, Khan KJ, Qiu S. Duodenal Amyloidoma: A Hidden Cause of Erosions and Gastrointestinal Bleeding. J Gastroenterol Hepatol Endosc. 2024; 9(1): 1117.