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AL amyloidosis presenting as isolated gastric lesion found on endoscopy in patient with recurrent emesis

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Introduction

- Isolated gastric amyloid as the presenting finding of amyloidosis is rare and has a variable presentation
- Here we present the case of a single large amyloid lesion found during endoscopy in a patient who presented with very few nonspecific symptoms

Case Summary

- A 55-year-old woman with a history of Lennox-Gastaut Syndrome with resultant intellectual disability and H. Pylori presented with recurrent emesis and constipation, thought to be behavioural
- Endoscopy: large friable and ulcerated lesion in the gastric antrum on the lesser curvature (Figure A), 3 x 8 cm in size.
- Biopsies consistent with active chronic gastritis with submucosal light chain (AL) amyloid deposition, lambda type (Figure B).

Images

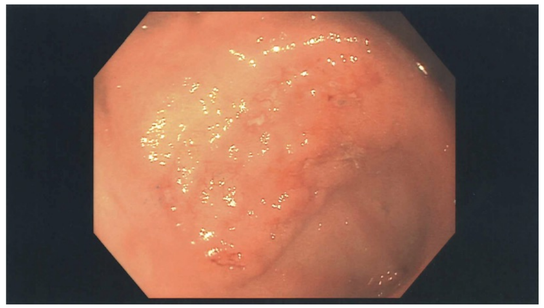

Figure A. ulcerated lesion on antrum of the lesser curvature

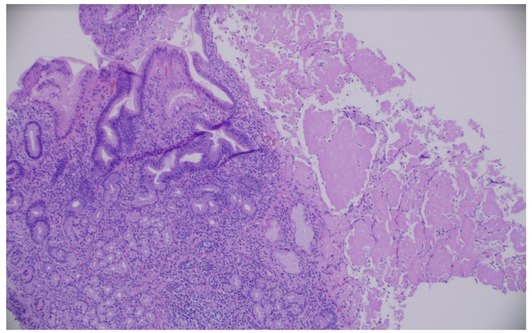

Figure B. Fluffy pink amyloid tissue, found to be consistent with AL amyloidosis, lambda subtype.

Discussion

- Patient diagnosed with gastric amyloidosis, without signs of systemic disease
- Signs of dysmotility, like emesis and constipation, are nonspecific but common in gastric amyloidosis
- Gastric amyloid prompts workup for systemic amyloidosis and plasma cell dyscrasias:
  - Common sites for amyloid include the liver, kidneys, and heart
  - Testing for monoclonal plasma cell line includes SPEP, UPEP, and immunofixation. Bone marrow and abdominal fat pad aspirate are possible biopsy sites
- Systemic amyloidosis work up thus far negative: SPEP and UPEP pending, unremarkable echocardiogram, LFTs within normal limits
- Treatment of systemic AL amyloidosis, if found, focuses on addressing possible plasma cell dyscrasia and symptom improvement

Top Takeaways

- Tissue is the issue; need biopsy confirmation of amyloidosis
- Amyloidosis symptoms are variable
- Low threshold to biopsy GI lesions and test for amyloid