GI Bleeding From an Unusual Cause in an Unusual Place

Benjamin Nunley MD[1], Christopher Truss MD[1]
Division of Gastroenterology and Hepatology[1]

Learning Objectives

- To describe the clinical manifestations, diagnostic strategies, and management of GI amyloidosis including an amyloidoma.

Introduction

- Amyloidosis is a rare disease that involves the improper deposition of insoluble protein fragments in tissue, thereby impairing the architecture and functionality.
- While any organ can be affected, the GI tract is often involved with the small bowel being the most commonly affected site.
- Clinical manifestations depend on the site that is involved.
- Less common is the formation of a solitary mass from amyloid alone – an amyloidoma .
- Primary amyloidoma is defined as a solitary mass of amyloid protein with no evidence of systemic amyloidosis.
- Such masses have been described in a variety of locations but amyloidoma's of the duodenum are a rare entity, as evidence by the limited case reports

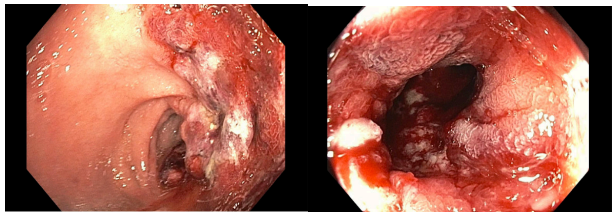
Case Presentation

- **HPI**: 79-year-old white male with a medical history of low-grade marginal zone lymphoma of the duodenum (currently in remission since 2011) presented to the ED for hematemesis
- **ROS**: No nausea/vomiting, abdominal pain, or GI bleeding.
- **Vitals**: T 98.6 BP 150/76 HR 79 SO2 95%
- **Labs**:

142	107	20	9.0
4.5	28	1.4	8.2

13.0
4.5 153
38.0

- **EGD Findings**:



Outcome/Treatment

- Bone marrow biopsies: Negative for systemic amyloidosis
- Diagnosed with amyloidoma of the duodenum.
- Minimally invasive options were not available and a Whipple was not offered (age). Underwent local radiation therapy with resolution of bleeding.
- Follows in Amyloidosis clinic

Discussion

- In those with certain forms of amyloidosis, GI tract deposition is common and greatest in the small bowel.
- Symptoms vary and are based on the location of deposition.
- A solitary amyloid mass, an amyloidoma, is an uncommon finding.
- Locally produced proteins rather than circulating forms of the protein tend to be the precursor in localized amyloidosis, which is in contrast with systemic amyloidosis.
- Amyloidoma involvement of the duodenum is rare, as there are only a few case reports, which makes this case unique.
- In this case, the hypothesis is that this is localized recurrence of his low-grade lymphoma resulting in amyloid production, which makes this case even more interesting.

References

1. Bansal R, Syed U, Walfish J, Aron J, Walfish A. Small Bowel Amyloidosis. Curr Gastroenterol Rep. 2018 Mar 26;20(3):11. doi: 10.1007/s11894-018-0616-y. PMID: 29582184.
2. Ectors N, Geboes K, Kerremans R, Desmet V, Janssens J. Small bowel amyloidosis, pathology and diagnosis. Acta Gastroenterol Belg. 1992 Mar-Apr;55(2):228-38. PMID: 1632139.