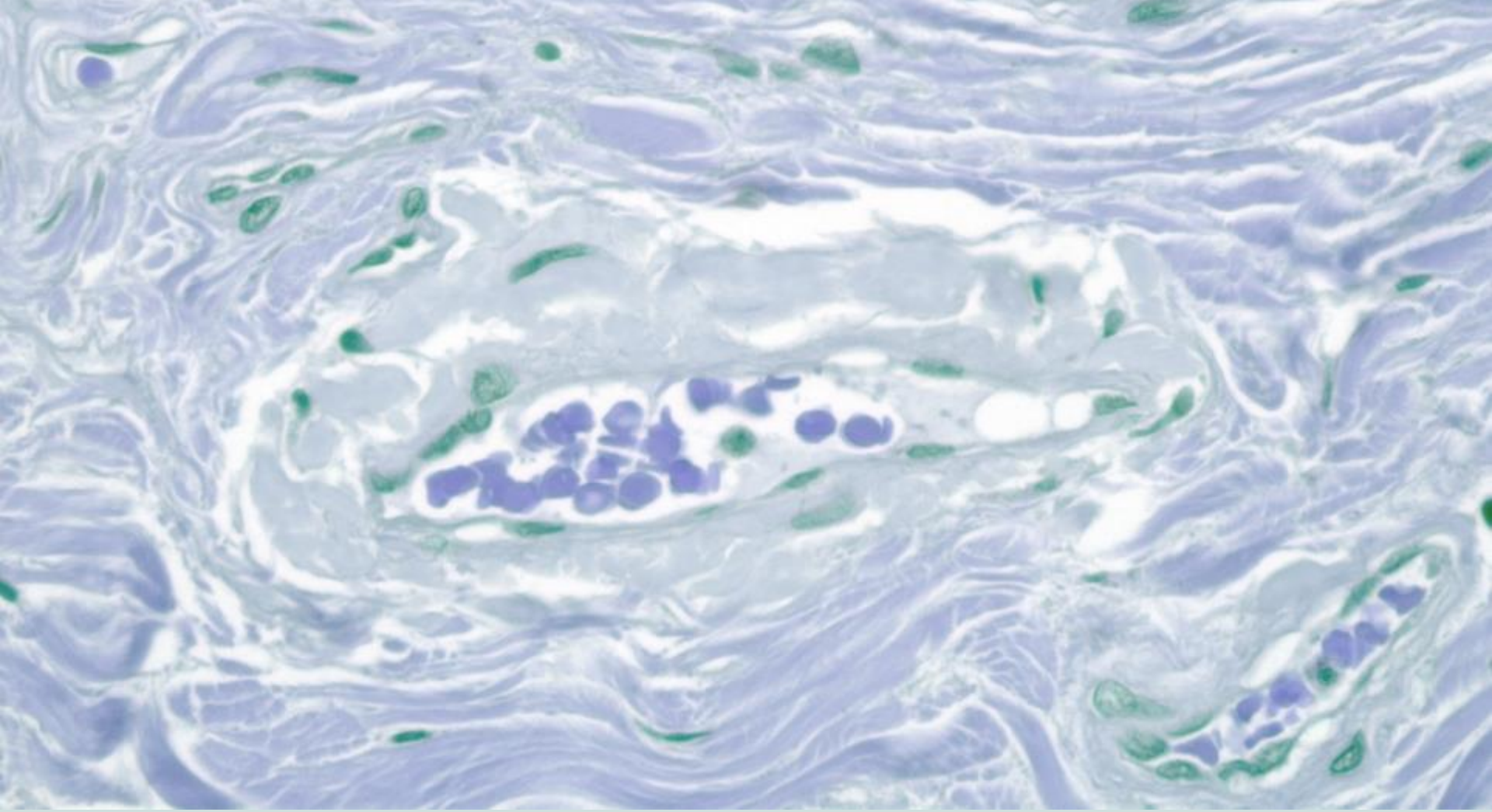


HPBASA 2017 CASE STUDY

Dr Robert Paul Bond

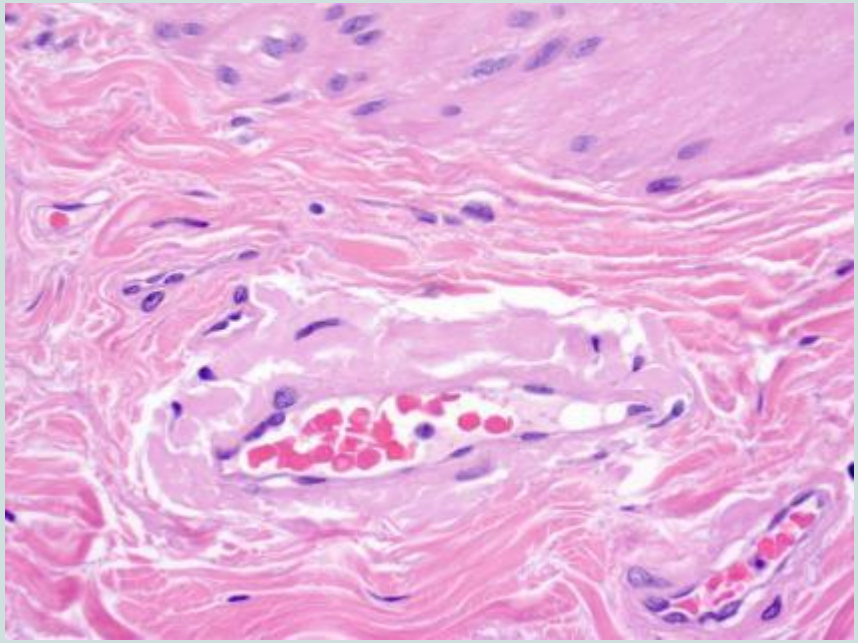
MEDICAL BACKGROUND

53 year old gentleman with no significant medical history of note, presented with the clinical problems of hepatosplenomegaly, malaise, fatigue and weight loss. No further constitutional symptoms.

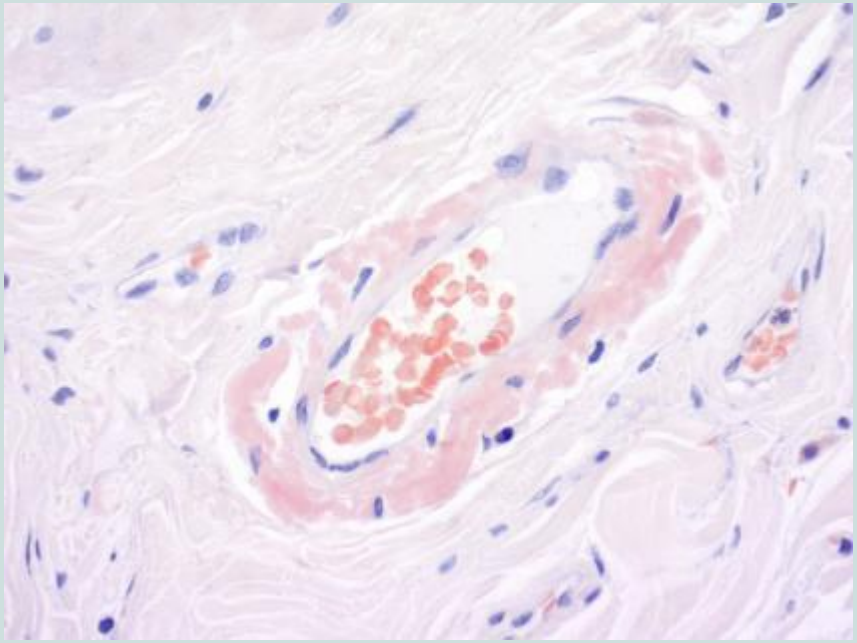
Special investigations revealed an intrahepatic cholestasis with markedly enlarged liver and spleen on cross sectional imaging. There was no evidence for advanced liver disease, portal hypertension, or significant lymphadenopathy. At surgical exploration a cholecystectomy was performed, as well as a liver biopsy.

HISTOLOGY

Histology of the liver biopsy and gallbladder revealed amyloidosis

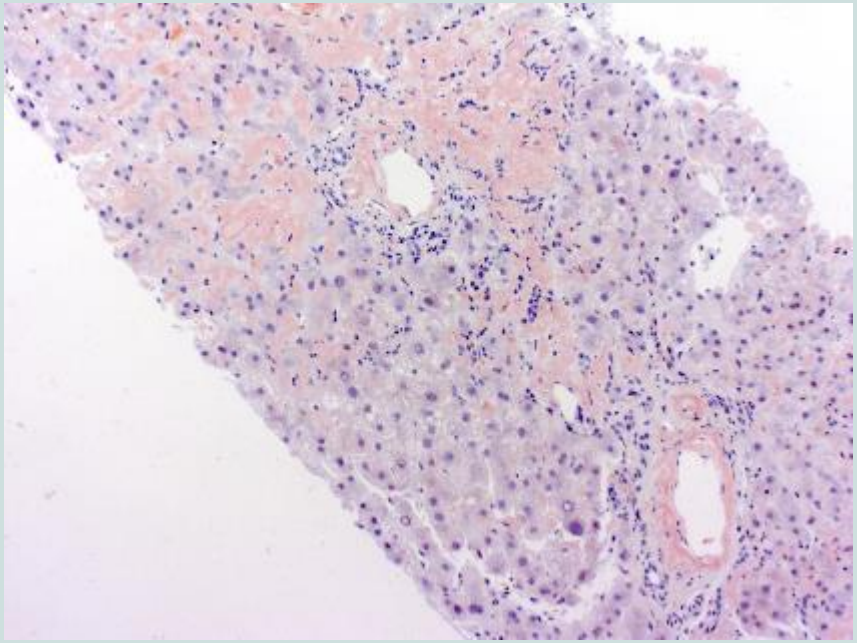


Gallbladder advent blood vessel H&E LP

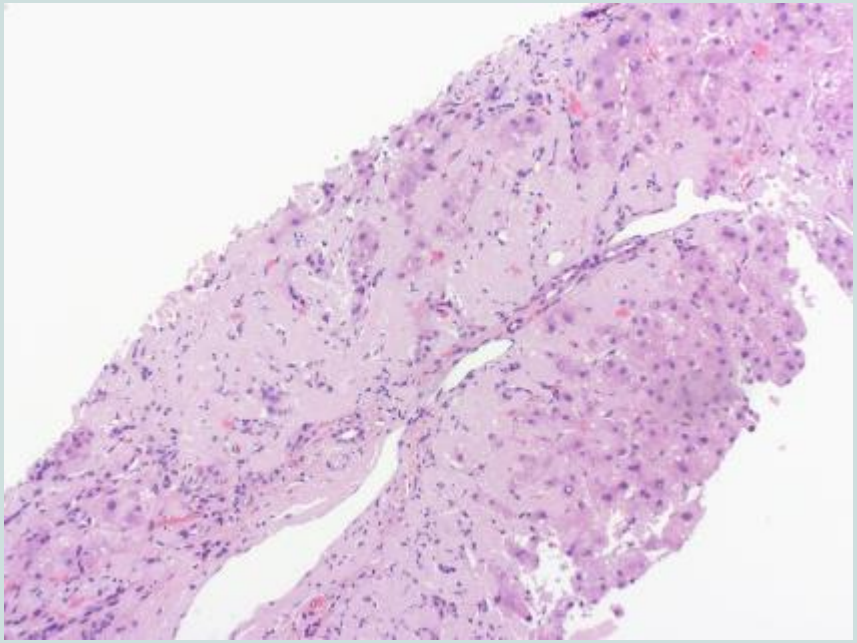


Gallbladder Congo red HP

HISTOLOGY

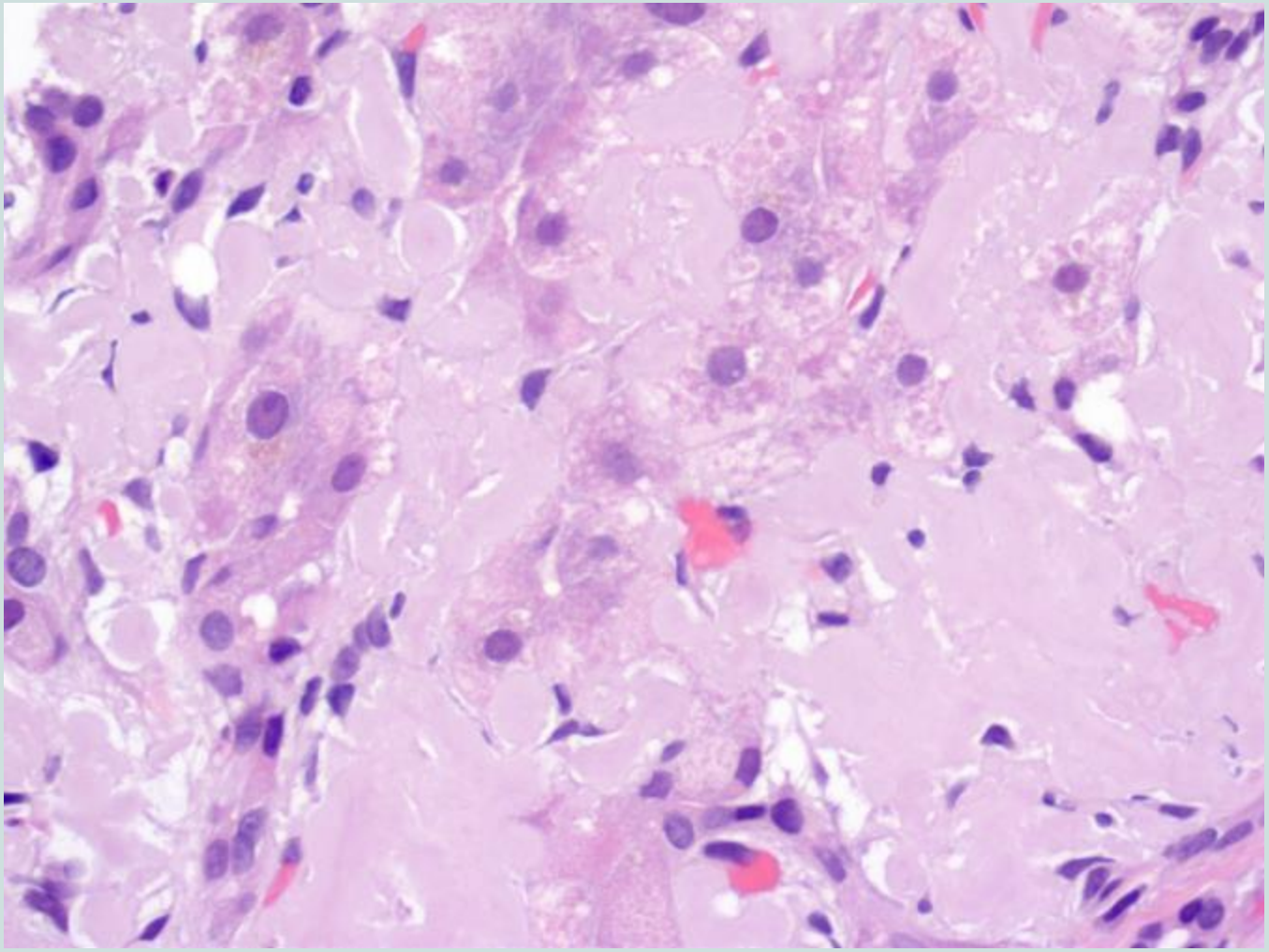


Liver Congo-red LP



Liver H&E LP

HISTOLOGY



Liver HP H&E

SUBSEQUENT INVESTIGATIONS TO THIS

Serum electrophoresis showed a paraproteinaemia 16.3g/l IgG Lambda

Serum creatinine 84 umol/l

Calcium Corrected 2.38mmol/l

Bone marrow aspirate and biopsy performed which showed clonal plasmacytosis 15-20%

No evidence for overt cardiac / renal dysfunction, although 24hr urine excretion was >1000mg/24h

DIAGNOSIS

Systemic AL amyloidosis

The patient was placed on Velcade induction and high dose Melphalan with Autologous Stem Cell transplant