

## **A case of systemic amyloidosis with multiple myeloma preceded by pulmonary amyloidosis diagnosed after developing cardiac failure with cardiac amyloidosis**

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**A** 70-year-old male complained exertional dyspnea. Chest X-ray and computed tomographic scanning showed left pleural effusion. Diuretic and antibacterial therapy started but his pleural effusion remained. Biopsy by videoassisted thoracoscopic surgery was performed, and its pathological findings showed deposition of amyloid protein at alveolar walls and vascular walls in left upper lung. So, he was diagnosed as localized pulmonary amyloidosis at first. After three months, he complained recurrence of exertional dyspnea and leg edema. Chest X-ray computed tomographic scanning showed bilateral pleural effusion. Ultrasound cardiography showed left ventricular dysfunction and hypertrophy. So, he was considered as complicating cardiac amyloidosis. Although cardiac biopsy didn't show amyloid protein, clinical findings such as left ventricular hypertrophy consistent with cardiac amyloidosis. In addition, upper gastrointestinal tract biopsy also showed amyloid protein, so he was diagnosed as systemic amyloidosis including

cardiac symptoms. Bone marrow biopsy performed in order to identify the underlying disease of systemic amyloidosis showed abnormal plasma cells, so he was finally diagnosed as multiple myeloma that caused systemic amyloidosis. In this seminar, I will show this rare case report in that pulmonary amyloidosis preceded other organs in systemic amyloidosis. We firstly diagnosed as localized lung amyloidosis, but after cardiac failure combined we finally could diagnosed as systemic amyloidosis with multiple myeloma.

### **Speaker Biography**

Mitsutaka Nakashima is an expert in the diagnosis and treatment of cardiovascular diseases, including hypertension, dyslipidemia, atherosclerosis, peripheral arterial disease, coronary artery disease, arrhythmia and pulmonary hypertension. He graduated Okayama University Medical School in 2013. He subsequently completed his residency of cardiology at Hiroshima City Hospital and Okayama Medical Center. He is currently the staff of Dep. Of Cardiovascular medicine at Iwakuni Clinical Hospital, Yamaguchi, Japan. His clinical interests include the diagnosis and treatment of heart failure and pulmonary hypertension.

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