International Journal of
Clinical & Medical Imaging

ISSN : 2376-0249
Volume 2 • Issue 3• 1000293
March, 2015
http://dx.doi.org/10.4172/2376-0249.1000293

Case Blog

Title: A Case of AL Amyloidosis

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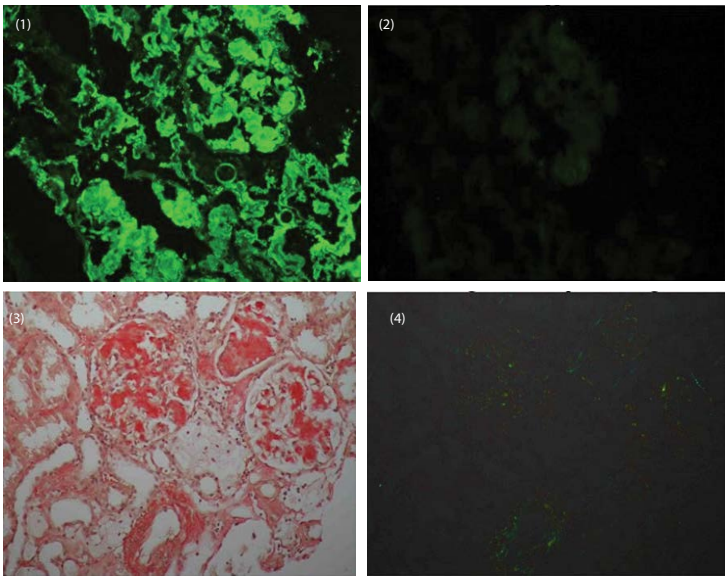

Figure 1: Renal biopsy showed Lambda light chain deposition.
Figure 2: Kappa chain deposition.
Figure 3: Congo red stain.
Figure 4: Congo red under polarized light.

45 year old lady presented with anorexia, weakness for last one year and development of deformity in her spine for last one and half years following fracture. On clinical examination she had mild bilateral pedal edema, kyphoscoliosis, tenderness over rib cage on left side. MRI spine showed diffuse marrow edema in D5 D6 D7 D9 D10 and L4 vetrbral bodies and posterior elements with subtle decrease in anterior height and associated paraspinal muscle edema seen. There was osteophytic bulge with ligamentum flavum thickening at c4-c5 and c5-c6 levels causing spinal canal and bilateral neural foraminal narrowing with nerve root impingement. Blood tests showed Hb-16.5, calcium-7.5, serum albumin-1.2, and globulin-4. Urinary albumin +++. Urinary 24hr protein was 7.81 gram. On skeletal survey no lytic lesion was found. Whole body scan showed abnormal tracer uptake involving multiple dorsal and lumber vetebrae, sternum multiple ribs on either side anteriorly. Serum electrophoresis revealed biclonal IgG and IgA and lambda light chain paraproteins. On bone marrow examination there were 50% plasma cells.

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