Abstract

AL Amyloidosis is a rare entity with an unknown incidence. It is a disorder of abnormal low molecular weight protein synthesis which results in extracellular deposition of misfolded proteins in organs. It is a systemic disorder with male preponderance and usually present with proteinuria, edema, organ failure due to amyloid deposition. Eg; cardiac failure, renal failure, liver dysfunction, autonomic neuropathy.

We are presenting a case of AL Amyloidosis who presented with dyspnea, dysphagia and bilateral lower limb edema for 6 weeks and periorbital purpuric rash in a patient diagnosed with congestive cardiac failure, type 2 Diabetes Mellitus for past 8 months. He had mild renal impairment with sub nephrotic range proteinuria with bland sediments, congestive cardiac failure with dilated restrictive cardiomyopathy, elevated kappa and lambda free light chains with lambda predominance, and, Congo red staining, extracellular material in skin biopsy. He was diagnosed with systemic light chain amyloidosis but while awaiting chemotherapy patient passed away. Keeping a high index of suspicion for light chain amyloidosis, in an elderly male presenting with periorbital purpuric rash and congestive cardiac failure, would have expedited the process of investigations and management of the patient. It would also provide a better outcome of the disease.