

Abstract:

Cardiac amyloidosis is a rare and often underdiagnosed condition that poses a significant challenge for clinicians. We present the case of a 49-year-old female who initially presented with progressive exertional dyspnea and was diagnosed with diastolic heart failure. Subsequent evaluation revealed characteristic echocardiographic features suggestive of cardiac amyloidosis, prompting further investigations. Despite initial difficulties in confirming the diagnosis due to resource limitations, the patient's clinical course, imaging findings, and laboratory results ultimately supported the diagnosis of AL primary amyloidosis. The patient was initiated on VCD therapy (bortezomib, dexamethasone, cyclophosphamide) and showed biochemical response, although symptomatic improvement remained elusive. This case underscores the importance of early recognition of cardiac amyloidosis, especially in resource-limited settings, and highlights the distinct echocardiographic features that can aid in its diagnosis.