Abstract

This is a rare case of newly diagnosed type 2 diabetes patient presented with pleural effusion. Presenting symptoms were fever and shortness of breath, and which were of short duration. Pleural effusion was confined to the right side of the chest with proteinuria and generalized oedema. This clinical picture was in keeping with diabetes nephropathy. However as the proteinuria of recent on set with negative retinopathy screening, diabetes nephropathy was unlikely. Therefore some other investigations were made to rule out alternative diagnosis for proteinuria. Other differential, which have considered are primary glomerular or secondary glomerular or infiltrative condition with multi-organ involvement. Then investigations were planned to differentiate above pathology. Surprisingly, 2D Echocardiogram was in keeping with restrictive type cardiomyopathy. Therefore rectal biopsy was performed to exclude possible infiltrative disorder. Interestingly, first three rectal biopsies & abdominal fat pad biopsy was negative for amyloid deposition. Then seven month later patient was investigated for anemia with GORD symptoms. Incidentally, upper gastrointestinal endoscopy and biopsy was performed and that specimen showed amyloid deposition on gastric mucosa.