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PULMONARY AMYLOIDOSIS SECONDARY TO MULTIPLE MYELOMA

LJILJA A.[1], Lalić K.[1], Dolenec V.[2], Dokoza M.[3], Bakale K.[4], Piskač Živković N.[1]

[1] Clinical Hospital Dubrava, Zagreb, Croatia
Department of pulmonology

[2] Special hospital for lung diseases, Zagreb, Croatia
Department of pulmonology

[3] General Hospital Zadar, Zadar, Croatia
Department of pulmonology

[4] General Hospital Karlovac, Karlovac, Croatia
Department of pulmonology

Objective: INTRODUCTION Primary amyloidosis (AL) is a rare disease characterised by extracellular deposition of fibrillary protein in different organs. There are three forms of pulmonary manifestations:nodular, tracheobronchial and diffuse amyloidosis.
CASE REPORT 60-year-old male patient was hospitalised at the Department of Pulmonology, Clinical Hospital 'Dubrava' for evaluation of dyspnoea within the last four months and left sided pleural effusion of undetermined aetiology. He was treated for left sided pleuropneumonia two months earlier in another hospital. Evacuation of pleural effusion was performed and cytology analysis showed exudate without malignant cells. MSCT of the thorax revealed pleural effusion and 3 cm large nodule in posterobasal segment of the left lower lobe. Patient also had livid changes on lips and eyelids. Bronchoscopy was performed without any pathological findings. Lung function tests were normal. Chronic haemorrhagic pleurisy was found on VATS pleural biopsy. Transthoracic

ultrasonography guided biopsy of the nodule was performed and pathohistological findings revealed accumulation of PAS and Congo positive material in blood vessels and alveolar septa. Bone marrow analysis showed 20% of plasma cells. Tranthoracic echocardiography revealed concentric hypertrophy of left ventricle. Patient was diagnosed with AL amyloidosis and multiple myeloma with monotype expression of lambda chains. Treatment with bortezomib, cyclophosphamide and dexamethasone was started. Clinical remission was achieved and regression of nodose lesion was described on control MSCT.
CONCLUSION Primary amyloidosis can potentially be a diagnostic problem because of its nonspecific manifestations. It can be diagnosed with transbronchial lung biopsy or transthoracic needle biopsy.