**Case 10**

A 51 year-old married woman.

**CC:** Dyspnea for 6 months

**PI** : 6 months PTA, she had the symptoms of dyspnea on exertion, and postural fainting. Her Functional Class was changed from1 to 2. She also had low graded fever, and weight loss 5 kilograms in 6 months.

1 month before, she came to hospital. The result of examination suggested that her dyspnea was due to congestive heart failure. The echocardiogram was done and the result was that she had restrictive cardiomyopathy. She was sent to for ruling out systemic amyloidosis.

**PH:** No history of smoking and alcohol ingestion, paresthesia, or periorbital echymosis.

**FH :** Nil.

**PE :** *HEENT* – Not pale, no jaundice.

*Lymph node* – Nil

*Heart* – Pansystolic murmur grade 2 at apex

*Lung* – clear.

*Abdomen* - No hepatosplenomegaly.

*Skin* – Few discrete purpuras 0.5 cm. in diameter on left shoulder. Many soft, ill-defined border, skin-coloured papules 0.5 cm. in diameter on outer side of right arm.

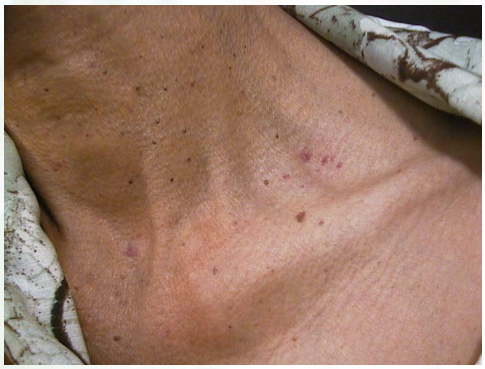

Fig. 10.1

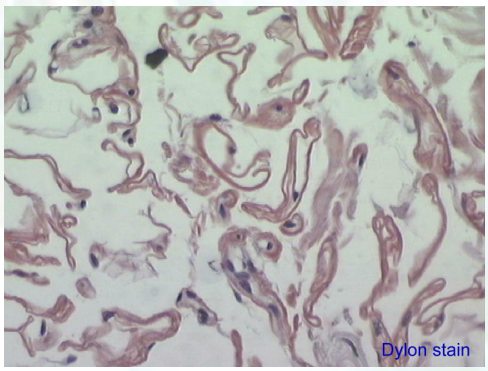


Fig. 10.2 Dylon stain

**Histopathology :** Slide no.41-1376 ( abdominal wall)

Diffuse deposit of faint eosinophilic material in the dermis and between individual lipocytes.

Investigations:

*CBC* Normal *BS, LFT, BUN/ CR* Normal.

*UA* Proteinuria 2+ *Urine Bence Jones protein* Negative

*CXR* Cardiomegaly

*Protein electrophoresis* Normal *Serum immuno-globulin* Normal

*Bone marrow biopsy* Hypercellular with mild plasmacytosis.

**Diagnosis :** Systemic amyloidosis.

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