

2 Cases of Gastrointestinal Amyloidosis Presenting Massive Bleeding in Chronic Predialytic Patients

Department of Internal Medicine, Department of Pathology¹, Chung-Ang University, Seoul, Korea

Soo Jung Yu, Dong Jin Oh, Jae Young Choi, Suk Hee Yu, Tae Jin Lee¹

Introduction: Amyloidosis is a progressive multisystemic disease of abnormal extracellular amyloid protein deposits within a number of sites including kidney, liver, heart, gastrointestinal tract, skin etc. It is notable that patients on chronic hemodialysis patients have an increased incidence of amyloidosis presenting carpal tunnel syndrome. But, prevalence of amyloidosis in chronic predialytic patients is obscure. Especially, there were few reports of gastrointestinal amyloidosis in chronic predialytic patients. Here we report 2 cases of gastrointestinal amyloidosis presenting massive bleeding in chronic predialytic patients.

Case 1: A 42-year-old man presented with massive hematemesis and melena. He had a diagnosis of chronic glomerulonephritis for 10 years (BUN 83 mg/dL, Creatinine 6.0 mg/dL). Endoscopy findings revealed a irregular, hemorrhagic ulcers with vessel exposure at the gastric antrum. Emergency total gastrectomy was performed. He was confirmed by showing apple green birefringence under the polarized microscope with Congo-red stain through stomach specimen. Immunoelectrophoresis and protein electrophoresis of serum and urine showed no significant findings.

Case 2: A 62-year-old woman presented with massive hematochesia. She had a diagnosis of IgA nephropathy and single kidney for 20 years (BUN 65 mg/dL, Creatinine 5.2 mg/dL). Sigmoidoscopic findings revealed diffuse nodular mucosal lesion with blood clot and active bleeding at just above the anal verge. Emergent simple ligation and biopsy were performed. She was confirmed by showing apple green birefringence under the polarized microscope with Congo-red stain through rectal specimen. Immunoelectrophoresis and protein electrophoresis of serum and urine showed no significant findings.

Conclusions: About 30% of chronic predialytic patients have elevated C-reactive protein level. This means that significant number of chronic predialytic patients may be under the chronic inflammatory status. The degree of inflammation in chronic predialytic patients is correlated with grade of renal impairment. So, we can speculate that above 2 cases of gastrointestinal amyloidosis may be related to chronic inflammatory status in chronic predialytic patients.