Case Presentation

Husein Husein

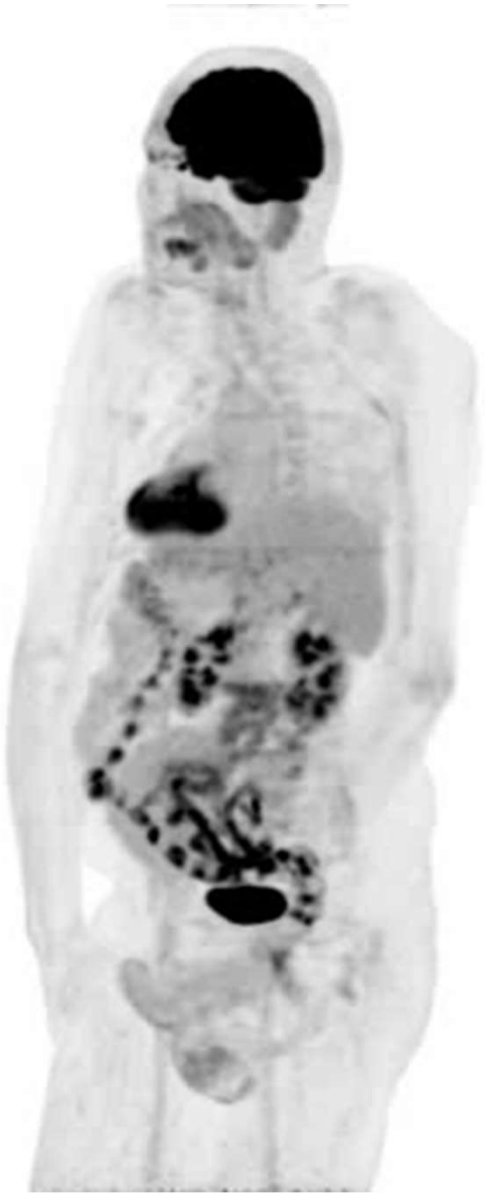
Emory University Hospital Division of Nuclear Medicine and Molecular Imaging, Department of Radiology and Imaging Sciences

Introduction

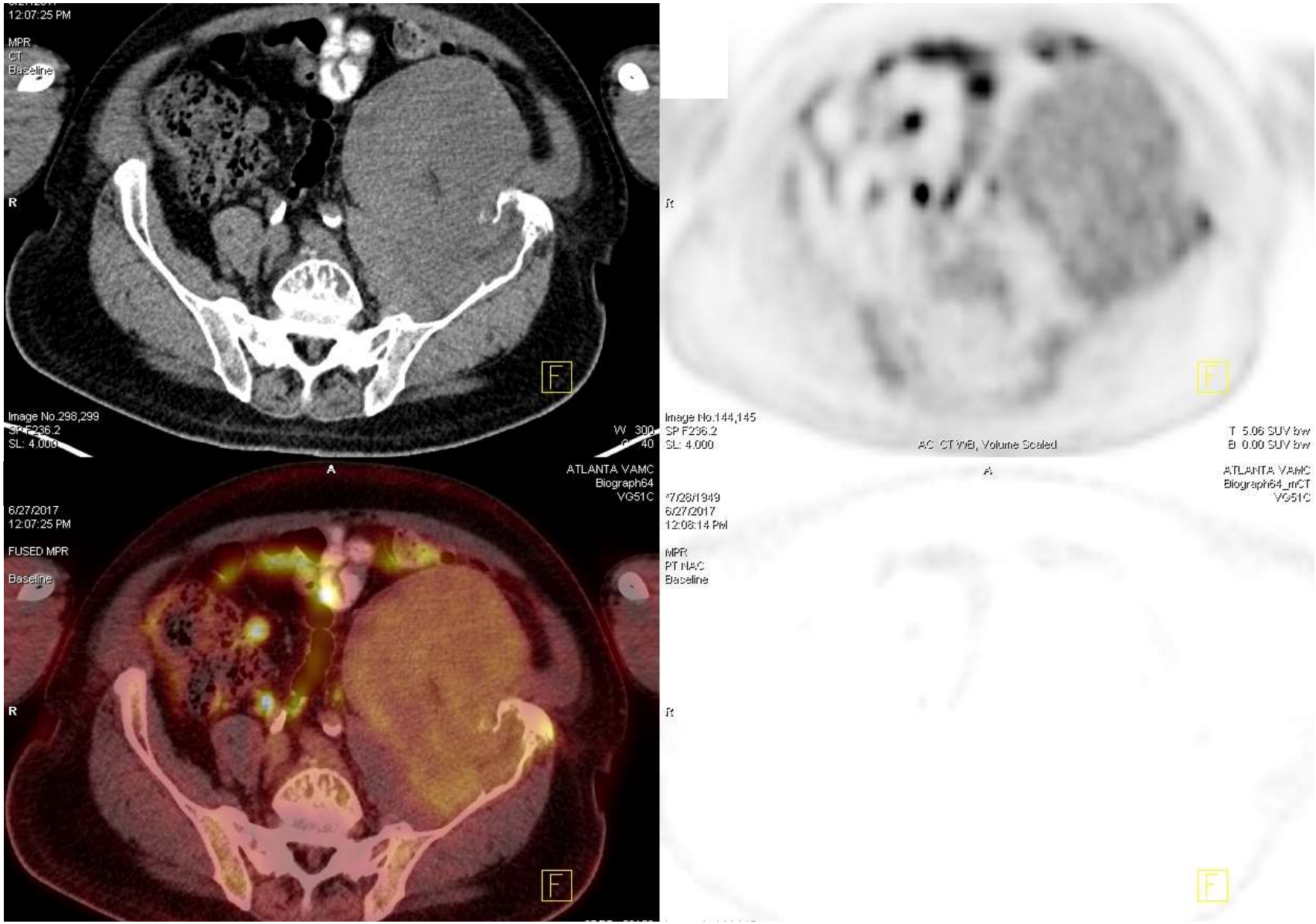
68 years old veteran with a past medical history of hypertension, type II diabetes mellitus, hyperlipidemia, multiple myeloma, and basal cell carcinoma.

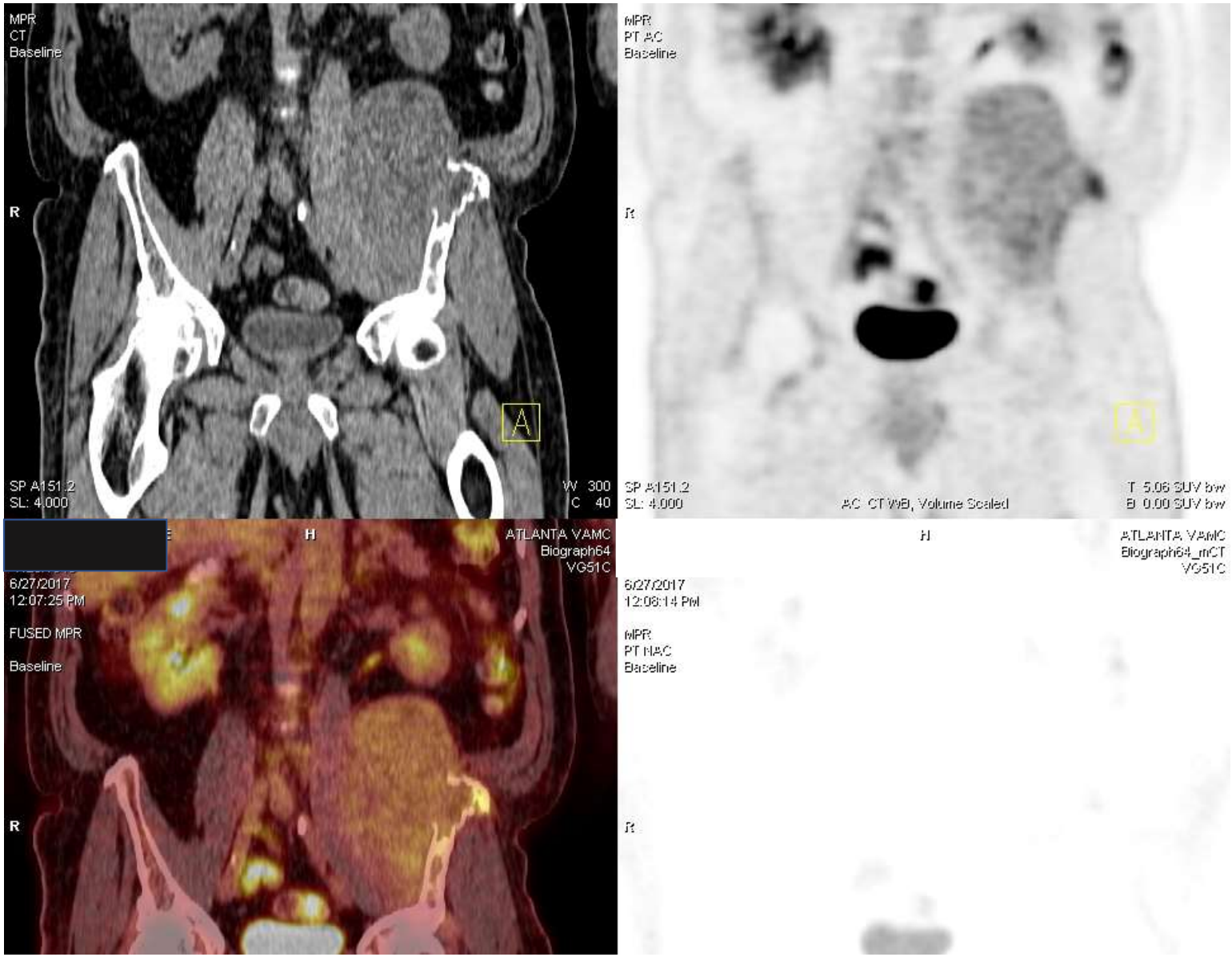
Patient complaining of weight loss, abdominal pain and constipation.

PET/CT performed to evaluate the disease course of multiple myeloma.



T: 28%
B: 1%


12:07:25 PM
MPR
CT
Baseline
R
Image No.298,299
SP F236.2
SL: 4.000
W 300
L 40
A
ATLANTA VAMC
Biograph64
VG51C
6/27/2017
12:07:25 PM
FUSED MPR
Baseline
R
Image No:144,145
SP F236.2
SL: 4.000
AC CTWB, Volume Scaled
T 5.06 SUV bw
B 0.00 SUV bw
A
ATLANTA VAMC
Biograph64_mCT
VG51C
7/28/1949
6/27/2017
12:08:14 PM
MPR
PT NAC
Baseline


MPR
CT
Baseline
R
A
SP A151.2
SL: 4.000
W 300
C 40
MPR
PT AC
Baseline
R
A
SP A151.2
SL: 4.000
AC CT WB, Volume Scaled
T 5.06 SUV bw
B 0.00 SUV bw
H
ATLANTA VAMC
Biograph64
VG51C
6/27/2017
12:07:25 PM
FUSED MPR
Baseline
R
H
ATLANTA VAMC
Biograph64_mCT
VG51C
6/27/2017
12:08:14 PM
MPR
PT NAC
Baseline
R

What is your differential diagnosis?

[redacted]

PATHOLOGY REPORT Accession No. SP 17 7118

DIAGNOSIS

Part # 1 - Left pelvic mass, CT-guided core needle biopsy:
- Amorphous eosinophilic material suggestive of amyloid, pending further characterization.
- Comment: Results of Congo Red stain will be interpreted in a supplemental report when available.

PATHOLOGY REPORT Accession No. SP 17 1546

Gross description:

The specimen is received in formalin labeled with patient name, social security number and further designated on the container and the requisition as "left pelvic mass". The specimen consists of multiple needle core biopsies measuring 0.1-1.2 cm in length and 0.1 cm in diameter. Specimen is wrapped in lens paper and entirely submitted in cassette 1A.

Also received are four labeled, stained slide(s) made at the time of specimen collection.

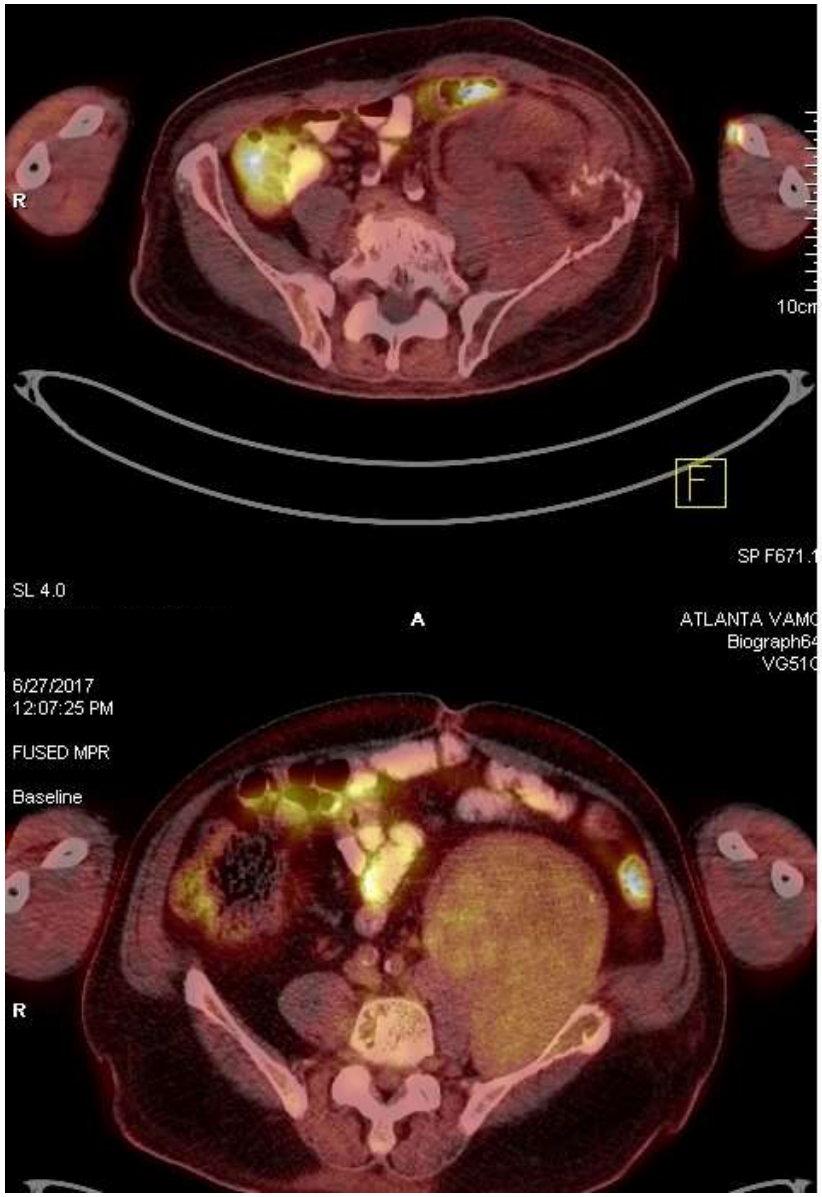
DIAGNOSIS

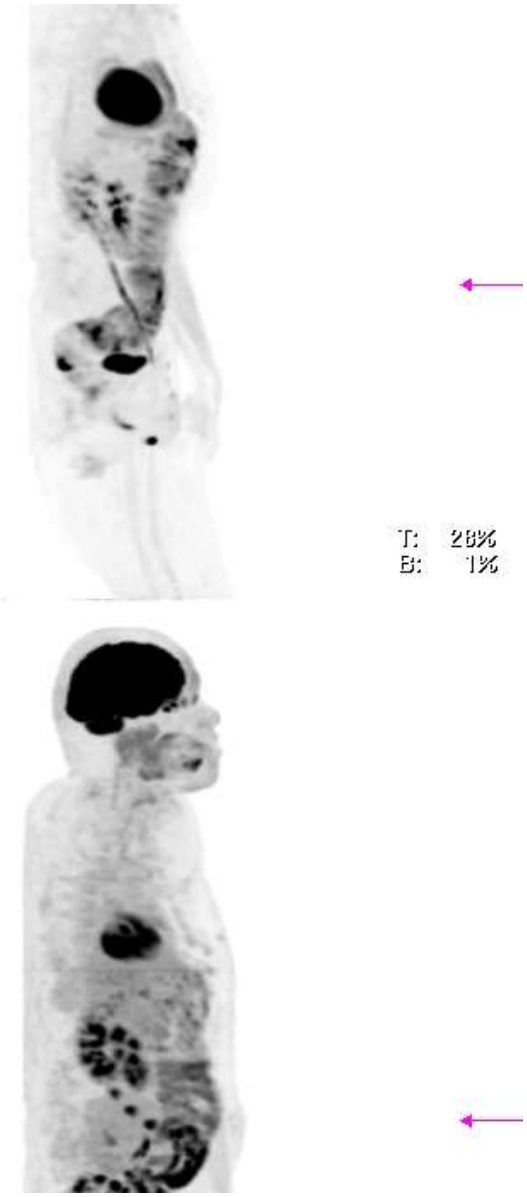
Part # 1 - Left pelvic mass, biopsy:
- Congo Red-positive material suggestive of amyloid.
- Associated foreign body-type giant cell reaction, plasma cells, and lymphoid cells.

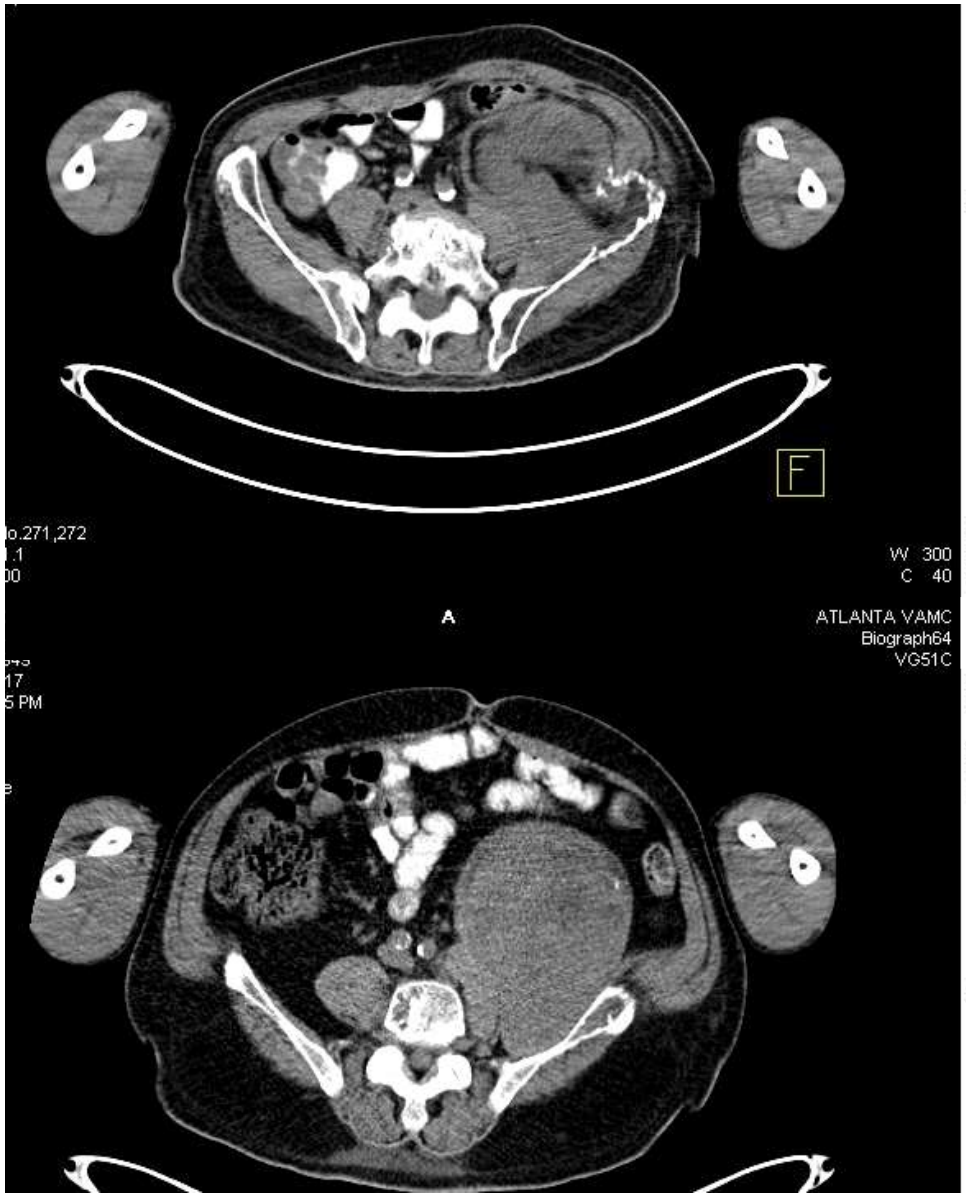
Follow-up

Patient received radiotherapy.

Followed by Revlimid/Velcade/Dexamethasone


R
10cm
F
SP F671.1
SL 4.0
A
ATLANTA VAMC
Biograph64
VG51C
6/27/2017
12:07:25 PM
FUSED MPR
Baseline
R


T: 28%
B: 1%


F
W 300
C 40
A
ATLANTA VAMC
Biograph64
VG51C
F

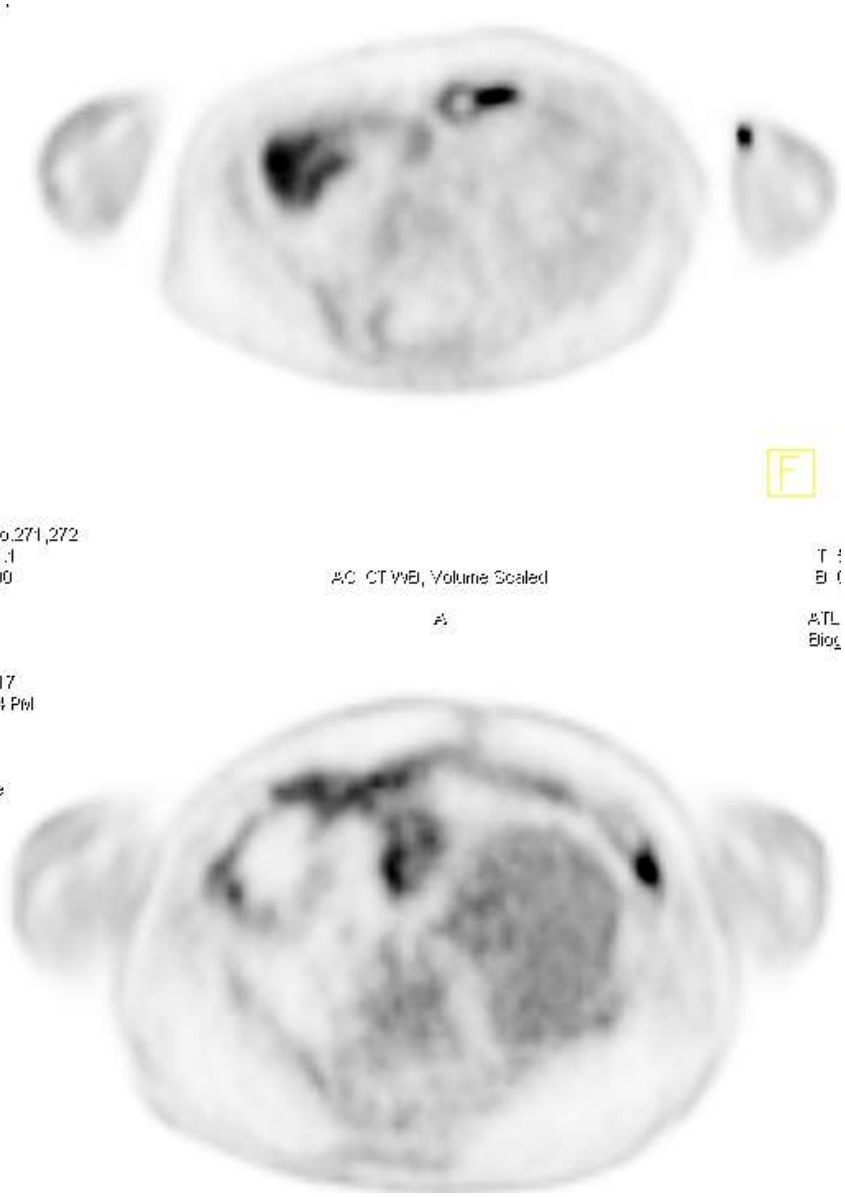


Image No.271,272
SP F671.1
SL: 4.000
AC CTWB, Volume Scaled
A
6/27/2017
12:08:14 PM
MPR
PT AC
Baseline

Amyloidoma

Defined as a solitary localized tumor-like deposit of amyloid, in the absence of systemic amyloidosis.

Is the least common presentation of amyloidosis.

Characterized by extracellular deposits of abnormally folded amorphous, insoluble and proteinaceous material that interferes with tissue function.

Amyloidoma of soft tissues is extremely rare and occurs mainly in the mediastinum and abdomen.

Associated with multiple myeloma, lymphoma, and other lymphoproliferative disease.

Some other cases of amyloidoma have been associated with local trauma, surgery, infection, or peripheral vascular disease, and a few patients have been diabetic.

Management

Primary localized amyloidoma possesses a relatively good prognosis.

Surgical debulking for limited disease.

Radiotherapy is used to decrease the size of bone-occupying lesions.

Aggressive chemotherapy with underlying lymphoproliferative disorders.