Dual Amyloidosis: A Rare, But Increasingly Common Problem

Durga Ganesh, Anthony Nicolaysen, Kibrewessen Tefera. West Los Angeles VA Medical Center, Department of Nephrology, Los Angeles, CA

ABSTRACT

Amyloidosis is a rare disease wherein misfolded proteins, known as amylloids, deposit in various tissues causing end-organ damage. The primary organs affected are the heart, kidneys, brain, and spleen. Multiple amyloidoses exist and have overlapping clinical features. Correct identification of which amyloid protein involved is crucial to guiding appropriate treatment. In this case report, we present a patient with two simultaneously occurring types of amyloidosis: transthyretin amyloidosis (ATTR) and light-chain (AL) amyloidosis. The 74-year-old male presented with unexplained weight gain and persistent anemia. Initial work-up led to multiple bone marrow and cardiac biopsies which incorrectly determined that the patient had AL amyloidosis of the heart. For this, he received 6 cycles of combination of cyclophosphamide, bortezomib, and dexamethasone (CyBorD). Further studies found that the patient had AL amyloidosis affecting both the heart and the kidneys, as well as ATTR of the heart. He was subsequently started on tafamidis and received 6 additional cycles of CyBorD with daratumumab, which he tolerated well. This case demonstrates the importance of correctly identifying the subtype of amyloidosis, as well as the rare instance of two types of amyloidosis simultaneously occurring. With improving survival rates among patients with amyloidosis, and an ever-aging population, the occurrence of dual amyloidosis is likely to become a more common clinical problem and its recognition is of high clinical importance.