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Summary

CLINICAL, ENDOSCOPIC, AND HISTOPATHOLOGIC FINDINGS IN GASTROINTESTINAL AMYLOIDOSIS

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A retrospective study of 61 patients with amyloidosis found that 37.7% had gastrointestinal involvement, most commonly affecting the colon, with frequent endoscopic findings of ulcerations and mucosal inflammation and a 39.1% rate of GI bleeding.

KEY POINTS

- Among 23 patients with GI involvement, the most commonly affected organs were the colon (65.22%), stomach (30.4%), rectum (30.4%), duodenum (26.1%), and ileum (21.7%).
- Initial gastrointestinal symptoms were present in 78.3% of patients and included diarrhoea (34.8%), abdominal pain (30.4%), weight loss (26.1%), nausea/vomiting (21.7%), and loss of appetite (17.4%).
- Endoscopic findings included ulcerations (47.8%), mucosal inflammation (43.5%), polyps (26.1%), and erosions (13.0%), while histopathology showed thickening of vessel walls and perivascular and interstitial amyloid deposits.
- GI bleeding occurred in 39.1% of patients during the disease course, and the mortality rate 5 years after diagnosis was 30.4%.
- The authors note that GI amyloidosis with biopsy-proven disease is rare and may be overlooked, and suggest that clinicians should consider endoscopy with biopsy when GI involvement is suspected.

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