A 55-year-old man with multiple myeloma was admitted with hematemesis. After resuscitation, the patient underwent endoscopy, which revealed a large vegetative mass covered by whitish plaques in the body/antrum transition of the greater curve, with oozing bleeding (Fig. 1). The gastric walls were also covered by similar whitish lesions. Hemostasis with epinephrine injection was successful, and biopsy samples were taken. Pathology revealed chronic gastritis negative for Helicobacter pylori infection, fibrino-necrotic exudates, indicative of ulceration of gastric mucosa, and abundant eosinophilic and hyaline deposits which were positive for amyloid substance (Fig. 2).

The patient re-presented with further episodes of hematemesis and due to lack of effective endoscopic hemostasis, gastrectomy was carried out. The surgical specimen showed extensive ulceration of gastric mucosa, associated with amyloid deposits, without evidence of eutrophic involvement. The patient died 1 week later with infectious complications.

Secondary amyloidosis is associated with inflammatory, infectious, and neoplastic diseases. The gastrointestinal tract is one of the most commonly involved regions in systemic amyloidosis, although it rarely affects the stomach. Isolated amyloidosis in the stomach is even more rare. Amyloid-related gastric symptoms were reported in 1% of a large series of systemic amyloidosis presenting as: tumorlike growth, erosive lesions with hemorrhages, outlet obstruction, and gastroparesis with autonomic failure. Gastrointestinal bleeding is a rare initial symptom, albeit fatal in some cases. No specific treatment is available for the gastrointestinal complications of amyloidosis. The role of endoscopy in amyloidosis-related hemorrhage is limited.
References

Bibliography
Endoscopy 2011; 43: E100–E101
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
Dr. M. Marques
Hospital São João – Alameda Hernani Monteiro
4200 Porto
Portugal
Fax: +351-225-512100
mgmarques@net.sapo.pt

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AF

Competing interests: None

M. Marques1,2, J. A. Sarmento1,2, S. Rodrigues1, S. Guimarães3, E. Fonseca3, G. Macedo1,2
1 Gastroenterology Department, Hospital São João, Porto, Portugal
2 Faculty of Medicine, University of Porto, Porto, Portugal
3 Pathology Department, Hospital São João, Porto, Portugal

Marques M et al. Gastric amyloidosis as a cause of upper gastrointestinal hemorrhage... Endoscopy 2011; 43: E100–E101