Amyloidosis is characterized by tissue deposition of insoluble fibrillar proteins in various organs [1]. In humans, more than 23 different and unrelated proteins are known to form amyloid fibrils [2]. Amyloidosis is divided into primary (i.e. idiopathic) and secondary amyloidosis (i.e. associated with chronic inflammatory conditions, and infectious and neoplastic disorders) [1]. Primary amyloidosis is extremely rare in the gastrointestinal tract. Fewer than 1% of patients with primary amyloidosis in the gastrointestinal tract have any symptoms [3]. We report a case of primary gastroduodenal amyloidosis in which endoscopic ultrasound (EUS) was instrumental in the work-up.

A 76-year-old man presented with a history of fatigue, dyspepsia, and anemia. An upper-gastrointestinal endoscopy revealed prominent gastric folds and gastropathy (Fig. 1a). Gastric biopsies showed only signs of unspecific inflammation. The patient developed diarrhea and weight loss. Abdominal computed tomography (CT) showed unspecific gastric wall thickening. The initial suspicion was a malignant disease such as scirrhous carcinoma, which led to an EUS referral. EUS revealed gastric wall thickening (Fig. 1b) and a complete lack of normal sonographic layers in the stomach wall, suggestive of an infiltrative disease (Fig. 1b), but no sign of malignancy. Another upper-gastrointestinal endoscopy was undertaken with new biopsies from the stomach and bulbus duodeni. Congo red staining revealed amorphous eosinophilic infiltrates (Fig. 2a) and green birefringence under polarized light (Fig. 2b), which is diagnostic for amyloidosis [1].

It may be suggested that tissue deposition of insoluble proteins causes the sonographic disappearance of normal gastric wall layers in amyloidosis. This patient had no systemic disease such as a chronic immune disease or neoplastic disorder, which are the most common causes of secondary amyloidosis. Thus this patient had a primary amyloidosis in the gastroduodenum. In conclusion, this case highlights the use of EUS in the work-up of patients with suspected amyloidosis in the stomach and duodenum.

### Endoscopy_UCTN_Code_CCL_1AB_2AD_3AD

### Competing interests: None

T. Grape¹, G. Wurm Johansson², M. Eriksson¹, E. Toth², H. Thorlacius²

¹ Department of Surgery, Central Hospital, Kristianstad, Sweden
² Department of Clinical Sciences, Lund University, Malmö, Sweden

### References


### Bibliography

Endoscopy 2011; 43: E288
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

### Corresponding author

Henrik Thorlacius, MD
Department of Surgery and Clinical Sciences
Skåne University Hospital
Lund University
S-205 02 Malmö
Sweden
Fax: +46-40-336207
henrik.thorlacius@med.lu.se