Pulmonary Diffuse Alveolar Septal Amyloidosis

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A 59-year-old woman was referred to our hospital for bilateral nodules on chest X-ray (Picture 1). High-resolution computed tomography (HRCT) showed interlobular septal thickening and random distribution of nodules with calcification (Picture 2). Transbronchial lung biopsy revealed accumulation of amyloid in the alveolar septa, the bronchiolar walls and the walls of blood vessels, which were confirmed by Congo red stain (Picture 3). These HRCT and pathologic findings were compatible with pulmonary diffuse alveolar septal amyloidosis, and thorough investigations revealed underlying multiple myeloma (1).

Pulmonary diffuse alveolar septal amyloidosis is rare but clinically significant since it is associated with underlying disorders (1, 2). The HRCT patterns may be misdiagnosed as sarcoidosis, miliary tuberculosis, or metastatic carcinoma (2). Thus, we stress that randomly distributed nodules can be seen on HRCT of patients with amyloidosis, and calcification of the nodules, if any, is helpful information for differentiation.

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