Secondary Amyloidosis Presenting as a Unique form of Nodular Gastritis

Naoki Asayama and Naoyoshi Nagata

Key words: Secondary gastrointestinal amyloidosis, Endoscopic findings, magnifying endoscopy

(DOI: 10.2169/internalmedicine.51.7811)

A 49-year-old woman complained of epigastric pain of 1 month duration. She was diagnosed with rheumatoid arthritis 14 years previously, but her compliance for taking medicine was poor. Upper endoscopy showed multiple nodular elevations in the gastric body (Picture 1) which were more clearly revealed with indigo-carmine dye (Picture 2). Biopsy specimens showed non-structural deposits in the vessel wall and stroma with Congo-red (Picture 3); the positive staining was lost by pretreatment with potassium permanganate (Picture 4) and identified Amyloid A protein. Helicobacter pyl-
lori (HP) infection was negative by histology and serological test. Endoscopic biopsy is considered to be a useful method to diagnose amyloidosis (1), however endoscopic findings are diverse and nonspecific (2). “Nodular gastritis” has been considered to be related to HP infection (3), but in the present case HP infection was negative. This is the first case of amyloidosis presenting as unique multiple nodules of the stomach.

The authors state that they have no Conflict of Interest (COI).

References


© 2012 The Japanese Society of Internal Medicine
http://www.naika.or.jp/imindex.html