Interstitial Pulmonary Amyloidosis with Waldenström's Macroglobulinemia

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Picture 1.

Picture 2.

A 65-year-old man presented with progressive dyspnea. A chest X-ray showed bilateral interstitial shadows (Picture 1), and computed tomography demonstrated prominent thickening of the interlobular septum and ground-glass opacity in the lungs (Picture 2). In addition, the serum IgM level was extremely high (3,060 mg/dL), and immunoelectrophoresis showed the presence of IgM lambda in the serum. Meanwhile, bone marrow aspirate contained 36% small lymphocytes, and immunohistochemistry using transbronchial lung biopsy specimens confirmed the deposition of amyloid and

IgM λ type within the alveolar septa (Picture 3). Ultimately, the patient was diagnosed with Waldenström's macroglobulinemia associated with pulmonary diffuse alveolar septal amyloidosis. It has been reported that only 2.2% of patients with a high monoclonal IgM titer present with amyloidosis with 10% of such cases of amyloidosis involving in the lungs (1). Diffuse deposition of amyloid in the alveolar septum is rare in patients with pulmonary amyloidosis, although multiple small nodules are frequently observed (2). The present case highlights the substantial variability in the

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Picture 3.

clinical features of this disease.

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