Primary Mediastinal Amyloidosis Diagnosed by Transbronchial Needle Aspiration

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A 61-year-old woman was referred for an evaluation of mediastinal lymphadenopathy (arrowheads indicate mediastinal lymph nodes) (Picture 1). Some of the nodes had partial calcification. Hilar lymphadenopathy and diffuse interstitial changes in the lungs were absent. Positron emission tomography revealed an uptake of $^{18}$F-fluorodeoxyglucose in the mediastinum (Picture 2). A histological analysis using endobronchial ultrasound-guided transbronchial needle aspir-
ration (EBUS-TBNA) from the left lower paratracheal station under real-time visualization (Picture 3A) demonstrated amyloid deposits with positive staining for Congo red and immunoglobulin λ-light chain (Picture 3B, C. Original magnification; 100x). Workups revealed no monoclonal gammopathy or multi-organ dysfunction due to the amyloid deposition. The affected lymph nodes have remained stable in size for two years. Isolated intrathoracic lymphadenopathy is a rare manifestation of primary amyloidosis (1). EBUS-TBNA is a minimally invasive and safe procedure for tissue sampling (2). It is also applicable for the diagnosis of mediastinal amyloidosis.

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

References