



GASTROINTESTINAL AMYLOIDOSIS WITH BLEEDING AND BOWEL PERFORATION. A RARE COMPLICATION.

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INTRODUCTION

Amyloidosis is an uncommon disease with nonspecific signs and symptoms making it a difficult diagnosis to establish. However, bleeding lesions and small bowel perforation are a rare presentation in Light chain (AL) amyloidosis. Estimated 1-8% of AL amyloidosis present with gastrointestinal (GI) manifestations.

CASE DESCRIPTION

A 23-year-old gentleman with no underlying illnesses presented with a sudden onset of hematemesis totaling to 4 episodes of moderate amount of blood and epigastric pain for one day. OGDS done revealing a bleeding polypoidal lesion at duodenum (D1).

Tissue biopsies taken reported having features keeping with amyloidosis. Computed Tomography (CT) scan showed diffused small bowel wall thickening and mesenteric lymphadenopathy favoring gastrointestinal amyloidosis.

9 months later, he presented with severe generalized abdominal pain. He was also anemic. CT showed worsening bowel thickening with perforation. Laparotomy done with an intraoperative finding of jejunal perforation with minimal turbid peritoneal fluid and mesenteric lymph nodes. On-table enteroscopy showed diffuse nodular hemorrhagic friable mucosal lesions along jejunum with blood clots. Proximal jejunostomy and a mucus fistula was created. Post operatively he was started on total parenteral nutrition. He intermittently developed bleeding, OGDS done showed amyloidosis changes with blood clots and no active bleeding. No endoscopic intervention done. Chemotherapy was initiated.

DISCUSSION

Gastrointestinal Amyloidosis is a rare presentation of the AL subtype. Early detection endoscopically with histopathological evidence of GI amyloidosis will allow early initiation of treatment that may prevent severe complications.

CONCLUSION

GI amyloidosis with bowel perforation and its catastrophic effects proves to be an immensely difficult case to manage especially with limited resources at an interior hospital such as in Keningau Sabah. Early initiation of treatment may prevent severe life-threatening complications.

REFERENCES

1. Gregory, Nicholas I; Kachru, Sumyra MD1. 2672
Gastric Amyloidosis: A Rare Cause of Gastropathy and GI Bleeding.
The American Journal of Gastroenterology 114(0):p S1473-S1474, October 2019.
| DOI: 10.14309/01.aig.0000600220.60925.18
2. Parks, Rowan & O'Rourke, D & Bharucha, H & Wilson, B. (2002).
Perforation of the sigmoid colon secondary to localised amyloidosis.
The Ulster medical journal. 71. 144-6.
3. Andrew J. Cowan, Martha Skinner, David C. Seldin, John L. Berk, David R. Lichtenstein, Carl J. O'Hara, Gheorghe Doros, Vaishali Sanchorawala.
Amyloidosis of the gastrointestinal tract: a 13-year, single-center, referral experience.
Haematologica 2013;98(1):141-146; <https://doi.org/10.3324/haematol.2012.068155>.

