soho2023
ELEVENTH ANNUAL MEETING

A Different Point of View: Facial Paralysis as a Manifestation of AL Amyloidosis

K KORUK [1] , F FIDAN [2] , A ASLANLI [2], S ERDEM [1] , S KALAYOGLU BESISIK [1]
1 Istanbul University, Istanbul Medical Faculty, Internal Medicine Hematology, Istanbul,Türkiye
2 Istanbul University, Istanbul Medical Faculty, Internal Medicine, Istanbul, Türkiye

INTRODUCTION

Amyloid neuropathy occurs only in systemic amyloi*d*osis and may complicate especially light-chain (AL) amyloidosis or familial amyloidosis. It is progressive with a variable degree and may begin at a different time of disease. The typical pattern is symmetrical, length-dependent, and limb predominant. Amyloid deposits may be often perivascular, focal, or diffuse and are accompanied by axonal neuropathy with loss of small myelinated and unmyelinated fibers. We here reported an AL amyloidosis patient with severe cranial neuropathy manifested as facial paralsis.



Photo Of Patient 7
Cranial Nerve Deficit

RESULTS

A 56-year-old man was evaluated for anemia and proteinuria. He had a monoclonal gammopathy IgG, lambda type with a serum creatinine level increase. The bone marrow clonal plasma cell ratio was less than 10%. Kidney function deteriorated and proteinuria turned to a massive degree. A kidney biopsy was decided. Congo-red positivity with lambda deposits in the glomeruli and arteriolar vessels was detected. He had facial paralysis and heart failure with high serum NT-pro-BNP levels. A diagnosis of AL amyloidosis with renal, cardiac, and cranial nerve involvement was made.

CONCLUSIONS

AL Amyloidosis refers to the extracellular deposition of misfolded light chains produced by a small B-cell clone. The disease may involve all vital organs such as the heart, kidney, soft tissues, liver, gastrointestinal system, and peripheral and/or autonomic nervous system. Cardiac involvement is the leading cause of morbidity and mortality There are scarce data regarding AL amyloidosis-related cranial neuropathy. The involved nerves reported were with trigeminal, abducens, olfactory, and oculomotor nerves. Nearly all cases had proteinuria. Our patient had repetitive facial paralysis before 6 months of AL amyloidosis diagnosis. Clinicians have to be more vigilant in patients with neuropathies including cranial neuropathy among monoclonal gammopathy association for early diagnosis a plasma cell disorder, AL amyloidosis.

CONTACT INFORMATION

Kıvanç Koruk MD

Division of Hematology, Department of Internal Medicine, Istanbul Faculty of Medicine, Istanbul University, Istanbul, Turkey

kivanckoruk01@gmail.com

+905317799839