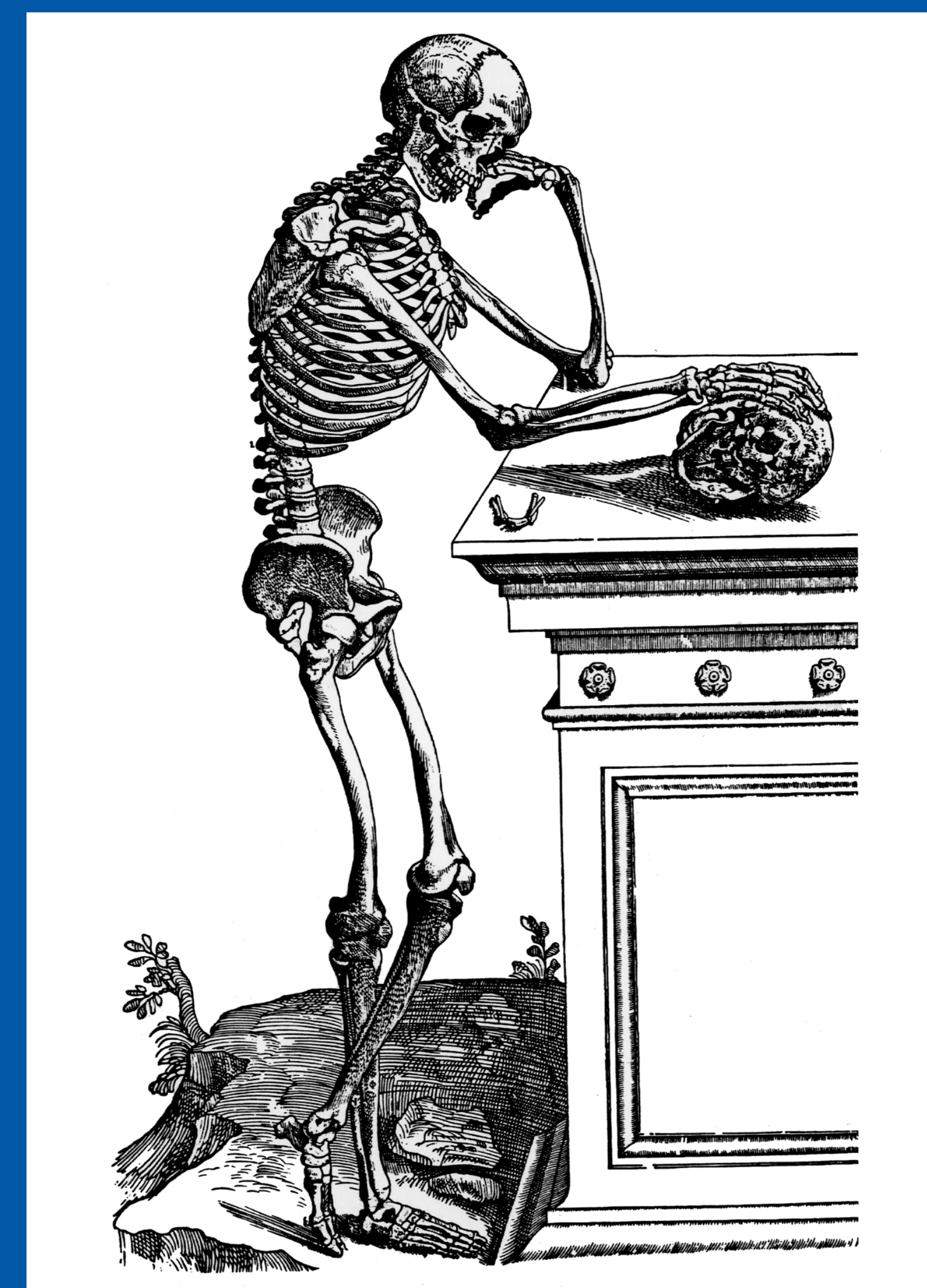


43rd Annual Meeting, Huntington Beach, California Society of Skeletal Radiology

March 29 - April 1, 2020

CASE OF THE DAY: SUNDAY

 #SSRBONE20COD2



David Oettel, DO; Nathan Cecava, MD; Jeremy Bernot, MD; Stephanie Bernard, MD
San Antonio Military Medical Center, San Antonio, TX

HISTORY

- 84-year-old man
- Chronic bilateral atraumatic hip pain



DIAGNOSIS

Amyloid Light-Chain (AL) Amyloidosis

- Due to an underlying plasma cell dyscrasia producing misfolded proteins that avoid proteolysis and are deposited within tissues as amyloid fibrils
- Amyloid deposits can form in almost any organ system.
- MSK manifestations include muscle weakness, muscle pseudohypertrophy, arthropathy, and osteopathy
 - Bone or soft tissue lesions may be solitary or multiple
 - May lead to pathologic fractures
- Diagnosis depends on tissue sampling with characteristic “apple-green” birefringence on Congo Red stain
- Work-up
 - Requires excluding an underlying malignancy
 - ~30% of patients will develop multiple myeloma
- Treatment
 - Systemic chemotherapy
 - Prophylactic nail placement as needed

