

[ PICTURES IN CLINICAL MEDICINE ]

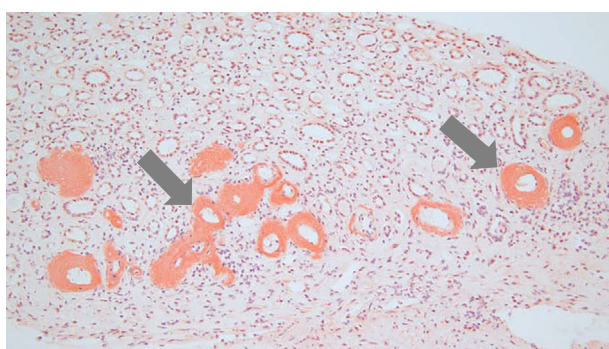
## Peritubular and Perivascular Amyloid Deposits in Amyloid Nephropathy

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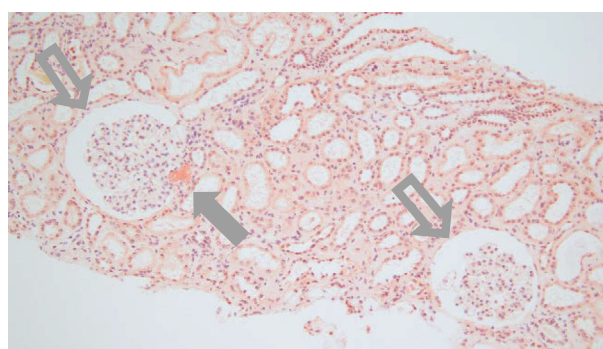
**Key words:** renal amyloidosis, amyloid A, renal pathology, acute kidney injury

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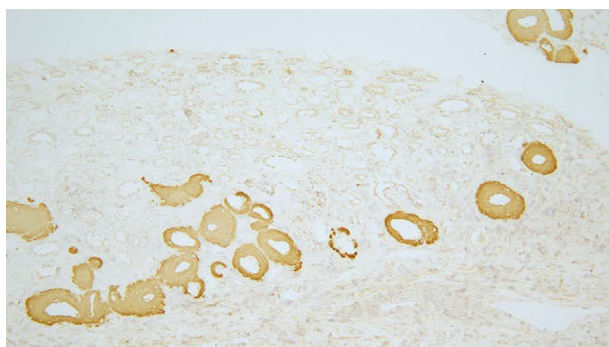
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Picture 1.



Picture 2.



Picture 3.

A 54-year-old man diagnosed with Castleman disease presented with renal dysfunction. His serum creatinine level was 2.65 mg/dL (it had been 0.54 mg/dL 2 months previously), C-reactive protein 8.72 mg/dL, serum amyloid A (SAA) 715.7  $\mu$ g/mL, and spot urine protein-to-creatinine ratio 4.28 g/gCr. A renal biopsy showed direct-fast-scarlet (DFS)-positive deposits around the renal tubules (Picture 1, arrows), blood vessels, and vascular poles (Picture 2, closed arrow), but no deposits were found in the glomeruli (Picture 2, open arrows). DFS, similar to congo red staining, is

commonly used for staining amyloid deposits in tissues (1). The DFS-positive deposits, which look similar to positively stained amyloid A proteins in amyloid tissue (Picture 3), were mainly observed in the medulla tubules.

Treatment with prednisolone and tocilizumab succeeded in controlling the C-reactive protein and SAA levels. However, the renal dysfunction progressed in this case and finally led to end-stage renal disease 2 years later.

The patient provided his informed consent. All procedures were performed in accordance with the Declaration of Helsinki.

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

### Acknowledgement

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### Reference

1. Tanaka T, Watanabe N, Kato T, et al. Utility of direct fast scarlet staining in the histopathological diagnosis of eosinophilic esophagitis: a short report. *Gastrointest Disord* 2: 448-455, 2020.

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