

[PICTURES IN CLINICAL MEDICINE]

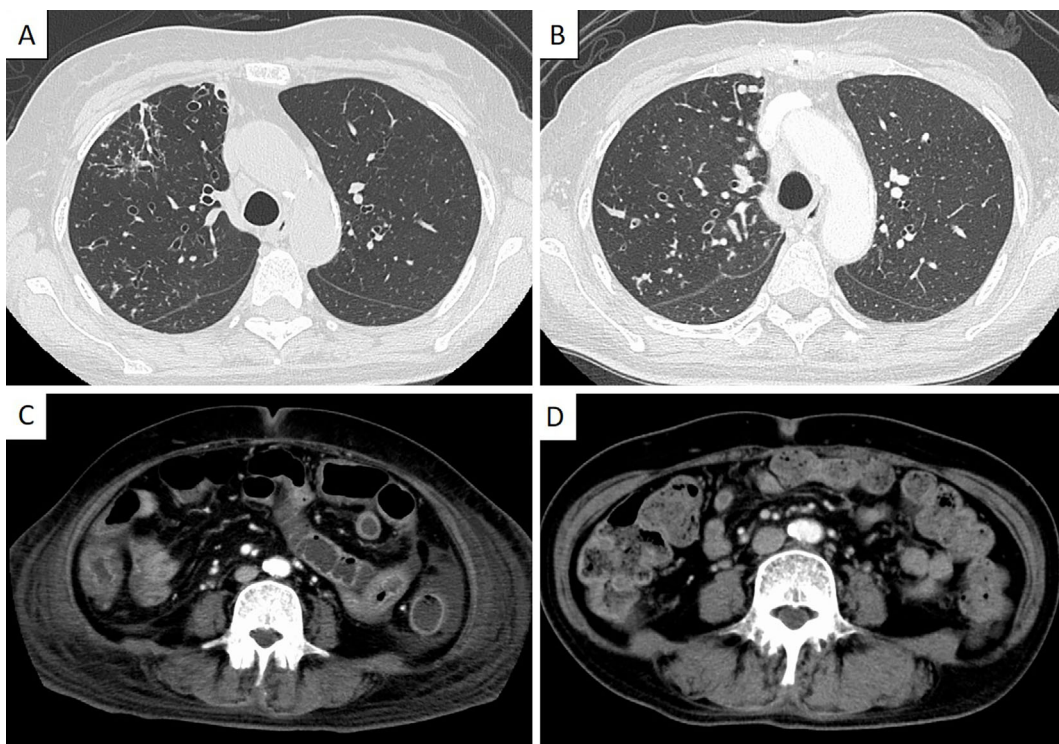
Secondary Gastrointestinal Amyloidosis Due to Bronchiectasis

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Key words: bronchiectasis, diarrhea, gastrointestinal amyloidosis, secondary amyloidosis

(Intern Med 59: 303-304, 2020)

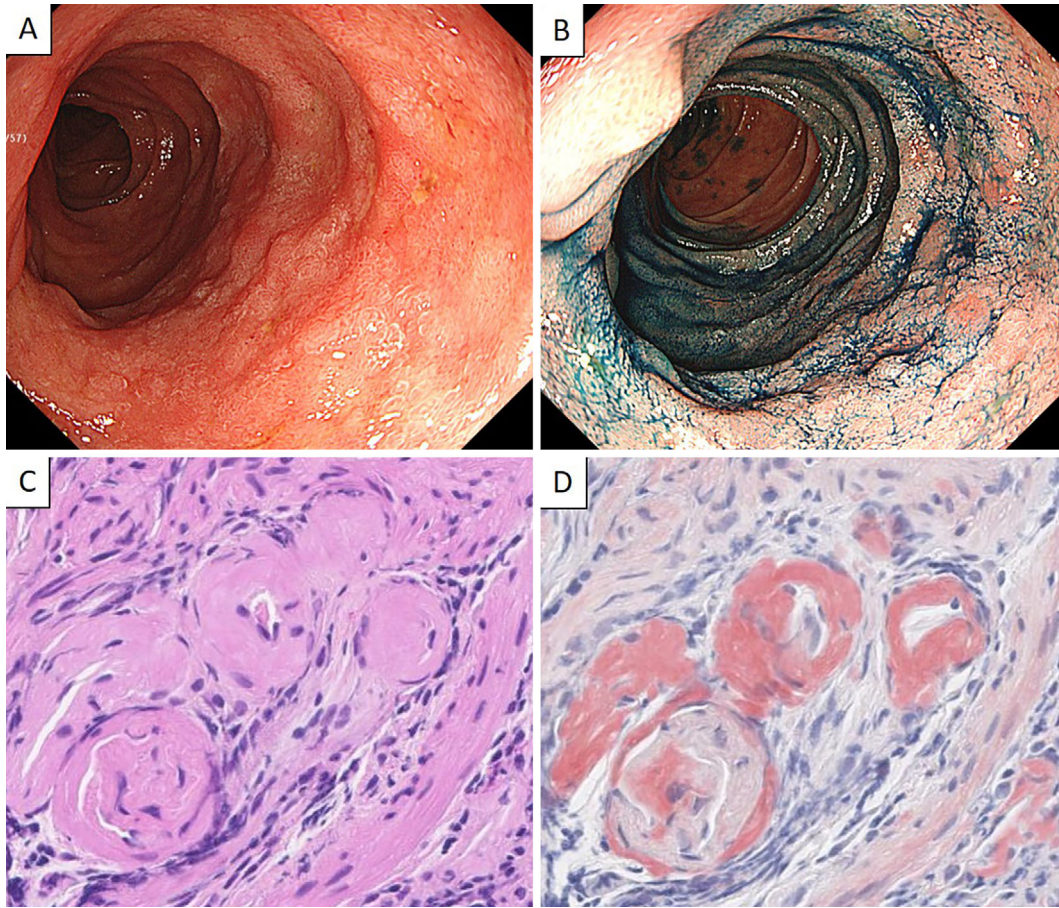
(DOI: 10.2169/internalmedicine.3673-19)



Picture 1.

A 70-year-old Japanese woman with bronchiectasis detected on chest computed tomography 2 years earlier (Picture 1A) showed watery diarrhea 10-20 times a day with hypoalbuminemia (1.7 g/dL) without proteinuria or renal dysfunction. Abdominal computed tomography showed intestine edema (Picture 1C), and colonoscopy revealed intestinal multiple mucosal edema, erosions and small ulcers (Picture 2A, B). Specimens obtained from these lesions showed deposits of eosinophilic amorphous materials (Picture 2C) that were positive for Congo-red staining (Picture 2D) and anti-amyloid A antibody, and she was diagnosed with amy-

loidosis secondary to bronchiectasis. Erythromycin (400 mg/day) treatment for bronchiectasis improved her hypoalbuminemia, serum CRP level (from 2.78 mg/dL to 1.49 mg/dL) and intestinal and pulmonary lesions (Picture 1B, D) and stopped her refractory diarrhea. Three months later, erythromycin enabled her to live at home and visit the outpatient clinic. Secondary amyloidosis (SA) due to bronchiectasis without rheumatoid arthritis is extremely rare (1), and its treatment generally involves controlling the primary diseases (2). This is the first report of a macrolide being effective for diarrhea induced by intestinal SA due to bronchiec-



Picture 2.

tasis.

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

References

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