Liver Biopsy–Proven Hepatic Involvement of Primary Amyloidosis A Case Report

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Abstract Although amyloidosis commonly involves the liver, the clinical manifestations of liver involvement have not always been presented at the early stage of the disease. We report a case of a 72–year–old male with primary amyloidosis with cholestatic features. The patient had been administered atorvastatin 10 mg/d for hyperlipidemia. Five months after this treatment, cholestatic liver injury alkaline phosphatase ALP , 994 IU/l gamma–Glutamyl transpeptidase GGT , 770 IU/l occurred. The atorvastatin treatment was stopped due to the suspicion of drug –induced cholestatic liver injury. However, even 3 months after the cessation of atorvastatin treatment, serum levels of ALP and GGT remained elevated. Abdominal ultrasound and computed tomography examinations demonstrated hepatomegaly without obstructive findings of the biliary system. The patient underwent liver biopsy, and histological analysis demonstrated amyloid light chain AL –type amyloidosis. Autopsy showed Amyloid deposit in multiple organs, including the spleen, cardiac muscles, kidneys, pancreas, diaphragm, tongue, esophagus, stomach, small intestine, and colon. Primary hepatic amyloidosis must be considered in patients who present with hepatomegaly with unexplained elevated levels of serum ALP and GGT.

Key words Hepatic amyloidosis, Cholestasis, Liver biopsy, AL type amyloidosis, Drug–induced liver injury