

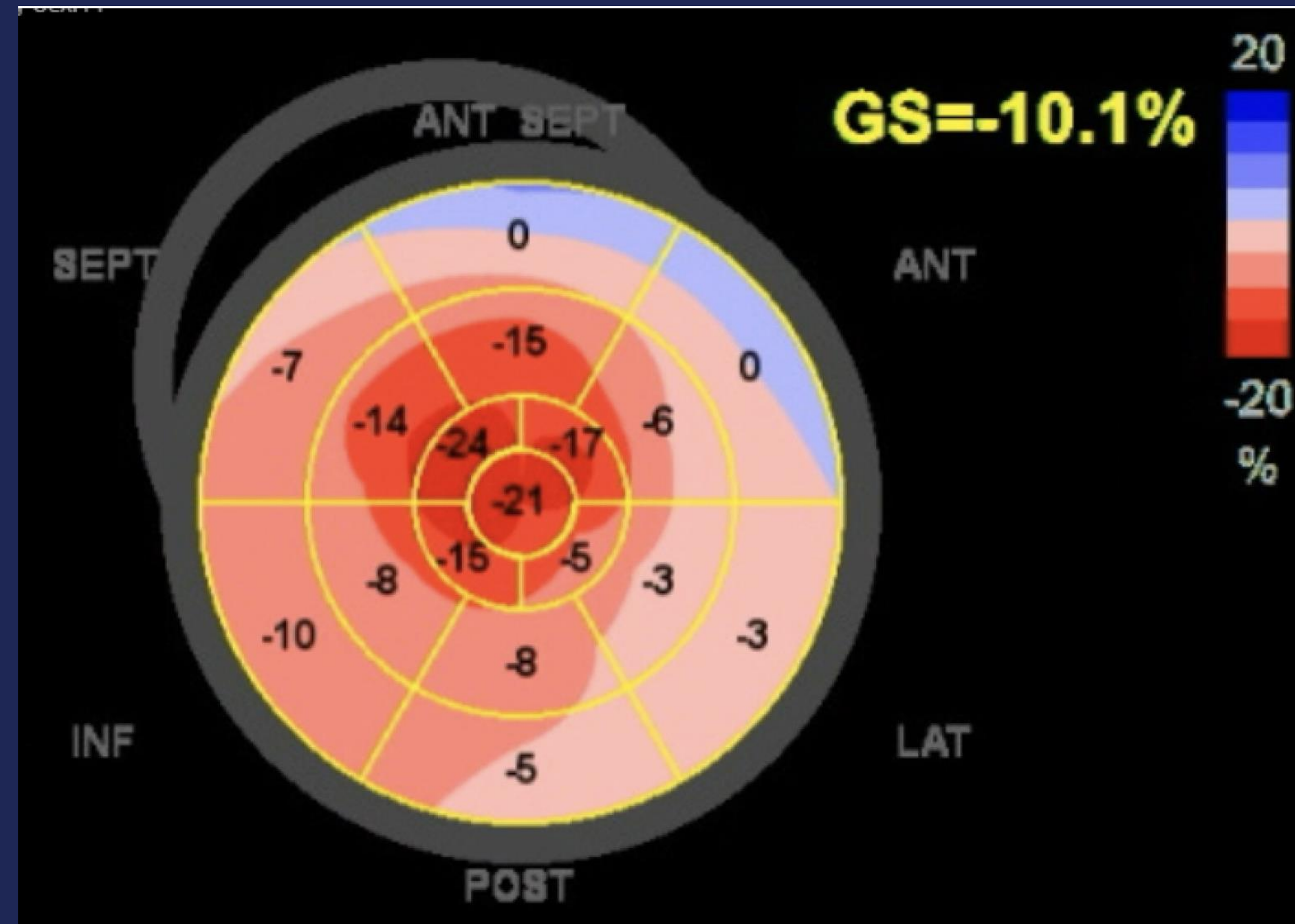
# Cardiac Amyloidosis, the Cherry on Top

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## Case

73-year-old male with a past medical history of Afib, HFpEF, hematuria, and hypothyroidism presented to the hospital with worsening shortness of breath and leg swelling. Patient has a family history significant for amyloidosis, however outpatient workup for amyloidosis was inconclusive (SPEP normal, urine electrophoresis consistent with glomerular pattern, and stress test negative for ischemia). While hospitalized the patient was treated with bumetanide and beta blockers with improvement of his respiratory status. Echo demonstrated left ventricular ejection fraction of 45%, biatrial enlargement, abnormal global longitudinal strain of 10.1% (regionally reduced in longitudinal and mid left ventricular segments but preserved in apical segments consistent with infiltrative cardiomyopathy) and grade II diastolic dysfunction. Transthyretin amyloidosis was confirmed with an abnormal pyrophosphate scan showing increased activity in his heart greater than bone. The patient was started on tafamidis for his specific form of amyloidosis and was discharged with significant improvement of his symptoms.

## Strain Pattern



## Impact/Discussion

While heart failure is commonly treated in the hospital, it is important to identify the root cause of the heart failure to ensure adequate treatment. This patient responded well to basic heart failure medications and would not have received necessary management if further testing had not been conducted. This case should encourage clinicians to maintain a wide differential when diagnosing and treating common medical issues. This case gives the medical community an opportunity to learn the importance of diagnosing the underlying cause of heart failure.

## Conclusion

1. While heart failure is a commonly treated disease, the root cause of the heart failure needs to be addressed for the patient to receive adequate treatment. Amyloidosis can be present in patients with a normal SPEP and stress test and further testing should be pursued if there is a high level of suspicion for amyloidosis.
2. Identifying the specific type of amyloidosis is vital in identifying the specific treatment for these patients