Letters to the Editor

A rare cause of upper gastrointestinal bleeding in a patient with end stage renal disease: gastric amyloidosis

Dear Editor,

This letter has two purposes, firstly to evaluate the correlation between our endoscopic findings of gastric amyloidosis with the previous report by Vargas et al. (1). Secondly, to draw attention to the fact that amyloidosis may occur in upper gastrointestinal bleeding (UGIB) in patients with end-stage renal disease (ESRD).

A 55 year old man who had ESRD at 15 years old was presented to our hospital with hematemesis and melena. There was no evidence of rheumatological, hematological or other systemic disease. Hypotension, melena, decreased hemoglobin levels and high creatinine levels were detected. Fluid resuscitation, a blood transfusion and intravenous pantoprazole were initiated. An upper gastrointestinal endoscopy showed an irregular, malignant-appearing ulcer of 25 x 30 mm in size with an adherent blood clot in the antrum incisura angularis. Erythematous, polypoid, fragile lesions and mucosal thickening were seen at the edge of the ulcer. Gastric malignancy was suspected during the differential diagnosis. A new endoscopy was performed two days later and biopsy samples were obtained. Histological examination revealed amyloidal deposits (Fig. 1A) and positive Congo red staining (Fig. 1B). The patient was discharged after 7 days in the hospital.

This is the first reported case of ESRD and gastric amyloidosis presenting with UGIB. UGIB is a frequent complication of ESRD. The most common causes of bleeding are peptic ulcer disease, severe ulcerative esophagitis, duodenitis and angiodysplasia (2). Gastrointestinal involvement is uncommon in patients with amyloidosis and the reported risk is only about 3% (3). In this case, location and endoscopic features of gastric amyloid deposits were in accordance with the findings of Vargas et al. (1). Gastric amyloidosis should be kept in mind in patients with UGIB and ESRD.

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Fig. 1. Histological examination of gastric biopsies revealed amyloidal deposits (A) and positive Congo red staining (B).
References

