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Hemoptysis and a purpuric rash: A rare presentation of amyloidosis

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A middle aged man was admitted with a 2-3 year history of recurrent hemoptysis on exertion, culminating in a requirement for home oxygen therapy. On examination, he had a diffuse purpuric rash, subconjunctival hemorrhages, oral ulcers, macroglossia and dystrophic nails. He was initially investigated for connective tissue disease (CTD) as a cause of HRCT-demonstrated lung fibrosis. However, further investigations found a lambda light-chain band on electrophoresis and a plasma cell dyscrasia on flow cytometry. Serum amyloid protein (SAP) scan, dermatological biopsy and bone marrow biopsy confirmed primary systemic amyloidosis secondary to multiple myeloma. It is believed that the cause of his hemoptysis is amyloid deposition in the lungs, though the SAP scan and CT report did not confirm this. His cause of hemoptysis remained controversial, though the clinical picture was one of amyloidosis. He underwent chemotherapy and clinically improved with no further reports of hemoptysis, resolution of his dermatological features and now he no longer requires home oxygen. Our aim is to promote the consideration of other potential causes of hemoptysis when in conjunction with other systemic features of disease. We also aim to elaborate on our case's recovery of his respiratory symptoms when the hematological diagnosis had been targeted with relevant chemotherapy.

Biography

Anne-marie Ionescu has done BSc and MBBS from the University College London (UCL) Medical School in the year 2015.

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