CASE 8

Microscopy

Tongue mucosa showing acute and chronic inflammation with nodular aggregates of amorphous eosinophilic fissured material in the subepidermal region. There is no evidence of dysplasia or malignancy.

Favoured diagnosis

The morphological appearances favour AMYLOID amyloid, confirmatory special stains are required

Further work

Confirmatory special stains for Congo Red, expecting apple-green birefringence in polarised light. Methyl violet and Thioflavin-T examination under fluorescence microscopy can also be used. Immunohistochemistry for specific amyloid types is also available. Correlation with clinical history is required to determine if this is a primary or secondary amyloidosis. Referral to the National Amyloidosis Centre is required.

Comment

Amyloidosis can be primary (rarely ~~from~~ multiple myeloma eg) or secondary (inflammatory, autoimmune) and caused by predominantly AA, AL and ATTR amyloid types. Aβ2m type is associated with haemodialysis, AA type is associated with ~~by~~ tuberculosis, inflammatory bowel disease rheumatoid arthritis and psoriasis. AL amyloid is the most common type in the Western world. Senile amyloidosis is found in up to 30% of people over the age of 80, usually in the heart as a result of normal Transthyretin deposition.