UCLA Health

Department of Medicine
2023 Solomon Scholars Research Program

Abstract Form

Hospital Affiliation:	Kern Medical Center
Presenter Name (Last, First):	Narang, Vishal
Co-Authors:	Vishal K Narang MD, Haidar Hajeh MD, Jesslin Abraham MD, Tiffany Theingi Win MD, Fowrooz Joolhar MD
Project Title:	Cardiac Amyloidosis A Tale of Two Patients and Impact on Treatment Strategies

Research Category (please check one):

☐	**Original Research**	☒	**Clinical Vignette**	☐	**Quality Improvement**	☐	**Medical Education Innovation**

Abstract,

Introduction: Amyloidosis is a rare disease characterized by the abnormal deposition of amyloid protein in various tissues and organs throughout the body. The presentation of amyloidosis can vary widely and depends on the organs involved and can range from asymptomatic to multi-organ dysfunction. Cardiac involvement in amyloidosis is common and can lead to heart failure or arrhythmias. Here we describe two patients who presented with different cardiac symptoms, one with heart failure and the other with arrhythmias, and were ultimately found to have cardiac amyloidosis after further workup. We will discuss the diagnostic process, management, and prognosis for these patients.

Methods: IRB approval was obtained. Single patient chart review was conducted.

Case Presentation:

Case #1: A female in her early 60s with a history of hypertension, type 2 diabetes, mixed dyslipidemia, chronic kidney disease, and hypothyroidism presenting with grade 1 diastolic dysfunction. During the interview, the patient reported sporadic chest pain at rest, mild dyspnea, and numbness of the right arm, mostly when laying down. The patient was taking diuretic, ARB, and beta-blocker therapy and maintained a controlled blood pressure at home. Despite being compliant with diet and medications, her recent A1c was 7.2. A kidney biopsy was negative for amyloidosis, but she underwent pyrophosphate scintigraphy for amyloidosis and diagnosed with ATTR cardiac amyloidosis.

Case #2: A female in her late 40's, presented to the ED with persistent dizziness with ambulation and multiple syncopal episodes. She underwent echocardiogram which revealed left ventricular ejection fraction of 50% with left ventricular diastolic dysfunction. She was started on diuretic therapy to manage acute heart failure exacerbation. During her hospital stay she continued to improve, and was never started on other medical therapy with ARB or beta-blocker. EKG during admission demonstrated low voltage with bradycardia and amyloidosis was suspected. She underwent nuclear scan with PYP tracer which confirmed amyloidosis.

Conclusion: These cases demonstrate the importance of a thorough evaluation and management approach in patients with chronic conditions and the need for specific therapy for amyloidosis. Both patients were started on and managed outpatient by starting medical therapy specific for cardiac amyloidosis.

Both patients presented with different cardiac symptoms but were ultimately diagnosed with cardiac amyloidosis after further workup. While symptomatic management was necessary for their initial presentations, specific therapy for amyloidosis was required to manage the underlying disease. The prognosis for amyloidosis can vary widely depending on the extent of organ involvement and the response to treatment. Early diagnosis and appropriate management are crucial in improving outcomes for patients with amyloidosis. Further research is needed to better understand the pathogenesis and optimal treatment strategies for this rare disease.