Eyes
Vitreous deposits
*Periorbital ecchymosis

*Macroglossia

Cardiac
Heart failure
Arrhythmia
Pacemaker or ICD

Gastrointestinal
*Organomegaly
Weight loss
Diarrhoea
Early satiety and nausea

Carpal Tunnel Syndrome

Autonomic
Orthostatic symptoms
Urinary retention
Erectile dysfunction

Myopathy

Polyneuropathy
Painful neuropathy
Small and/or large fibre

*Very suggestive of AL amyloidosis (7)
Figure 2: SAP scintigraphy in AL-amyloidosis compared with hATTR (Posterior View)

In AL amyloidosis, there is brighter, clearer uptake in liver and spleen.
Figure 3: (99mTc-DPD) myocardial scintigraphy in hATTR
Figure 4 - Morphological appearances of amyloid neuropathy due to a mutation in the TTR gene (Biopsy of sural nerve)

Endoneural amyloid deposits on hematoxylin and eosin stained section (A) are seen as amorphous brightly eosinophilic deposits. Semi-thin resin section stained with methylene blue azure—basic fuchsin (A₁) shows substantial loss of large and small myelinated fibres across the transversely oriented fascicle with no evidence of regeneration or active degeneration; amyloid deposition is evident in an endoneural blood vessel resulting in a concentrically thickened vessel wall. Congo red histochemical staining (B and B₁) accentuates amyloid deposits in the endoneurium (B) and blood vessel wall (B₁). Electron microscopy further highlights amyloid fibrils freely in the endoneurium (C) and within a blood vessel wall (C₁).

Amyloid deposits in all images are highlighted with a yellow arrowhead.

Scale bar: 40μm in A, A₁, B and B₁; 5μm in C and C₁.

Images courtesy of Dr. Zane Jaunmuktane