



# Amyloidosis in Charcot Marie Tooth Disease – A rare complication

Antony Judy M<sup>1</sup>, Nidhi Rawat<sup>2</sup>

Department of Physical Medicine and Rehabilitation, St John's Medical College Hospital, Bangalore, India.



## INTRODUCTION

✓ Charcot Marie Tooth disease (CMTD) is the most common inherited peripheral neuropathy 1

✓ Amyloidosis is a rare complication of CMTD

✓ Kidney is the most common affected organ Amyloidosis.<sup>2</sup>

## CASE REPORT

✓ A 17 year old female with CMTD - Type II, auto-amputation of digits, and trans-tibial amputation (figure) who is independent in all ADLs and ambulating with bilateral trans-tibial prosthesis.

✓ Chief Complaints:

Intermittent fever, difficulty in breathing since five days, progressive swelling of abdomen, frothy urine, and wound over distal end of left residual limb since five years.

✓ Examination:

- Tachycardia.
- Bilateral pitting oedema up to mid thigh
- Ascites.
- Ulcer over the distal end of left residual limb.



## INVESTIGATIONS

✓ Blood: TC – 16.09, Creatinine – 5.33, TP/Albumin – 3.8/1.1, TSH – 20.49, C3/C4/AA – Negative.

✓ USG ABD: Liver - 11.5cm, ascites, minimal pleural effusion and chronic cystitis.

✓ Cystitis was treated with antibiotics. However, as systemic symptoms did not resolve the case was discussed with Nephrology.

✓ Renal biopsy: PAS stain positive, Congo stain positive and apple green birefringence suggestive of renal amyloidosis.

## TREATMENT

✓ Two cycles of haemodialysis were given, following which her symptoms resolved and her renal function normalised

## DISCUSSION

✓ Amyloidosis is a group of disorders in which soluble proteins aggregate and deposit extracellularly in tissues causing organ dysfunction.<sup>2</sup>

✓ The risk factors for amyloidosis are age related, familial, and chronic infection/ inflammation.<sup>2</sup>

✓ Renal Amyloidosis if left untreated can lead to end stage renal disease (ESRD).<sup>2</sup>

✓ Yoshitaka Kikukawa et al reported a similar case in an elderly lady with CMTD who responded to treatment with chemotherapeutic agents.<sup>3</sup>

✓ In our case, chronicity of ulcer and cystitis are the probable risk factors leading to Amyloidosis and associated clinical features

## CONCLUSION

✓ This rare case highlights the presence of Amyloidosis in a patient with CMTD due to chronic infection/inflammation.

✓ CMTD patients with chronic wounds and repeated infections should be educated regarding the possibility of developing Amyloidosis.

✓ Amyloidosis is to be considered in CMTD patients with chronic infection/inflammation unresponsive to routine infection treatment protocols

## REFERENCES

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