**A CASE OF CONSTRICTIVE CARDIOMYOPATHY IN FAMILIAL AMYLOIDOSIS**

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**Background:** Amyloidosis involves extracellular deposition of serum proteins in various tissues which lead to organ dysfunction. Amyloid cardiomyopathy can mimic hypertrophic cardiomyopathy and presents as heart failure.

**Case:** A 86-year-old male with a past medical history of coronary artery disease status-post drug-eluting stent placement in the right coronary artery, congestive heart failure (CHF), and pulmonary hypertension presented with 3 weeks of exertional dyspnea and leg swelling. Patient was started on medical therapy for acute CHF exacerbation. An Echocardiogram showed worsening ejection fraction of 45%, severely increased left ventricular wall thickness with a restrictive filling pattern, moderate mitral and tricuspid valve regurgitation. Kappa-to-Lambda free light chain ratio was elevated at 5.11. A Cardiovascular Magnetic Resonance (CMR) imaging was completed which showed mild global hypokinesis and diffuse Gadolinium delayed enhancement suggestive of Cardiac Amyloidosis. Bone Marrow biopsy showed 20% cellularity without plasma cell dyscrasia. A fat pad biopsy was negative for amyloid deposits. Patient's gene analysis was positive for Transthyretin (TTR) mutation and was diagnosed with Familial Amyloidosis.

**Conclusion:** Amyloid cardiomyopathy can be difficult to diagnose due to overlapping symptoms of heart failure. In this case, the patient had unexplained worsening systolic function and exhibited multiple laboratory and imaging signs for amyloid cardiomyopathy.

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