An Unusual Case of Cardiac Amyloidosis

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To the Editors:—The authors described an unusual case of cardiac amyloidosis and proposed a diagnostic algorithm that investigates amyloid deposition in other organs and cardiac assessment by echocardiography and endomyocardial biopsy. We note that in the proposed diagnostic work up of patients with suspected cardiac amyloidosis, cardiovascular magnetic resonance (CMR) was not included. We believe that CMR should be considered in the armamentarium of clinical available noninvasive imaging techniques that is worth mentioning. Cardiac amyloidosis can be diagnostically challenging, and our group has pioneered and investigated the role of CMR in detecting noninvasively amyloid deposition in the myocardium.¹ Because of its unique capability of tissue characterization after the injection of gadolinium-chelate contrast agent, CMR shows a characteristic pattern of distribution of global subendocardial myocardial enhancement of the left ventricle. This finding corresponds to the transmural histologic distribution of amyloid protein confirmed at autopsy (dominantly subendocardial).¹ The role of CMR in cardiac amyloidosis has been confirmed by other groups.^{2,3} Serum amyloid P component (SAP) scan is considered an effective noninvasive tool for diagnosis systemic AL amyloidosis but is not adequate for evaluating cardiac involvement.⁴

CMR is not available at all centers and requires experienced personnel, and therefore, biopsy remains the gold standard technique to diagnose amyloidosis in most centers. Ideally, a biopsy guided to the gadolinium-enhanced areas might reduce

the potential of false negative biopsy result in these patients. Unfortunately, the patient discussed in the case description had a pacemaker, which represents one of few contraindications for a CMR scan.

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