CLINICAL SNAPSHOT

Chronic Tongue Swelling Due to Light-Chain Amyloidosis (AL) in Multiple Myeloma

A 68-year-old man was referred because of painful enlargement of the tongue and the recent unintentional loss of 15 kg of body weight (*Figure 1*). A tongue biopsy for suspected squamous cell carcinoma revealed only an ulcer with inflammatory epithelial changes, rather than a malignant tumor. A second tongue biopsy with Congo red staining of the specimen revealed glossal amyloidosis, pointing the way to the correct diagnosis (*Figure 2*). The diagnosis of multiple myeloma with AL-kappa expression was confirmed by bone marrow biopsy. Computerized tomographic scanning of the whole body yielded no evidence of osteolytic bone lesions.

Figure 1:
Clinical photograph of the tongue of this 68-year-old patient, showing massive nodular enlargement.

Figure 2:
Biopsy specimen of the tongue stained with Congo red, 100x.

Chemotherapy with bortezomib, cyclophosphamide, and dexamethasone led to a mild reduction of the kappa light chains ("stable disease" rather than a remission) and was then followed by treatment with lenalidomide and dexamethasone. Persistent macroglossia was attributed to the non-response to chemotherapy. The so-called shoulder pad sign (swelling in the shoulder area bilaterally) was seen as well, along with left ventricular hypertrophy on echocardiographic examination, implying the presence of systemic, immunoglobulin-associated amyloidosis.

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Conflict of interest statement

The authors state that they have no conflict of interest.

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