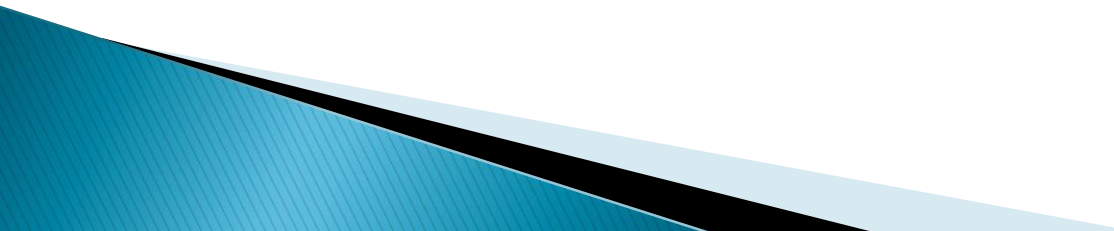


# Diagnosis of deep vein thrombosis in rheumatology

## Case presentation

Laura A. Hintser  
Internal medicine, year I  
Estonia

# Previous history

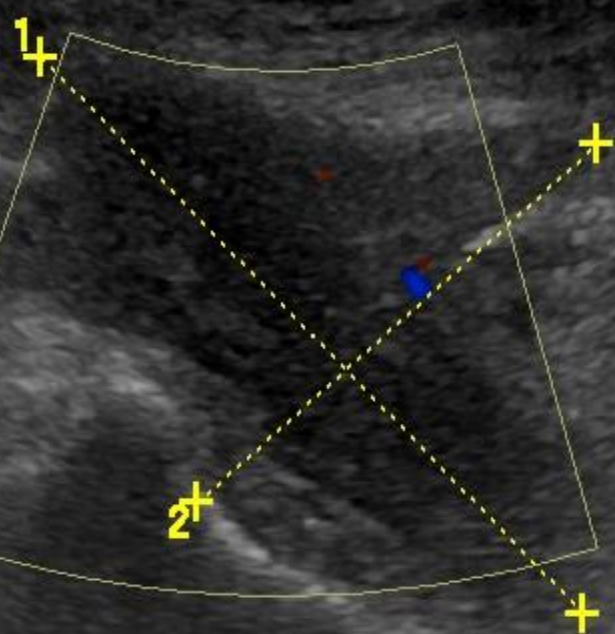
- ▶ 74-year old male
  - ▶ Medical background: hypertension, 2011 radical prostatectomy, 2014 inguinal hernia dex, operated, 2015 cataract surgery
  - ▶ September 2014 – thick mass on the dorsal side of the left lower limb
  - ▶ November 2014 – ultrasound– v. poplitea thrombosis – treatment with warfarin
- 

# Ultrasound – mass in the left m. soleus, 8x6cm

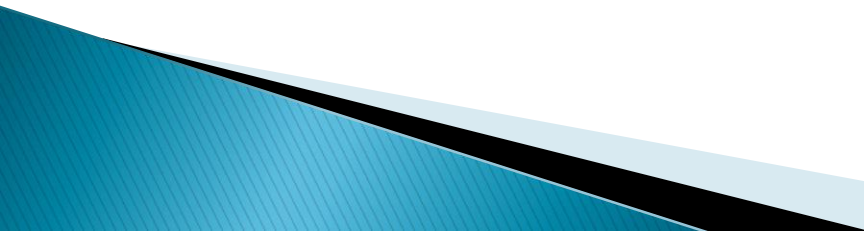
PQLVEQNDLAS

LOGIQ  
E9

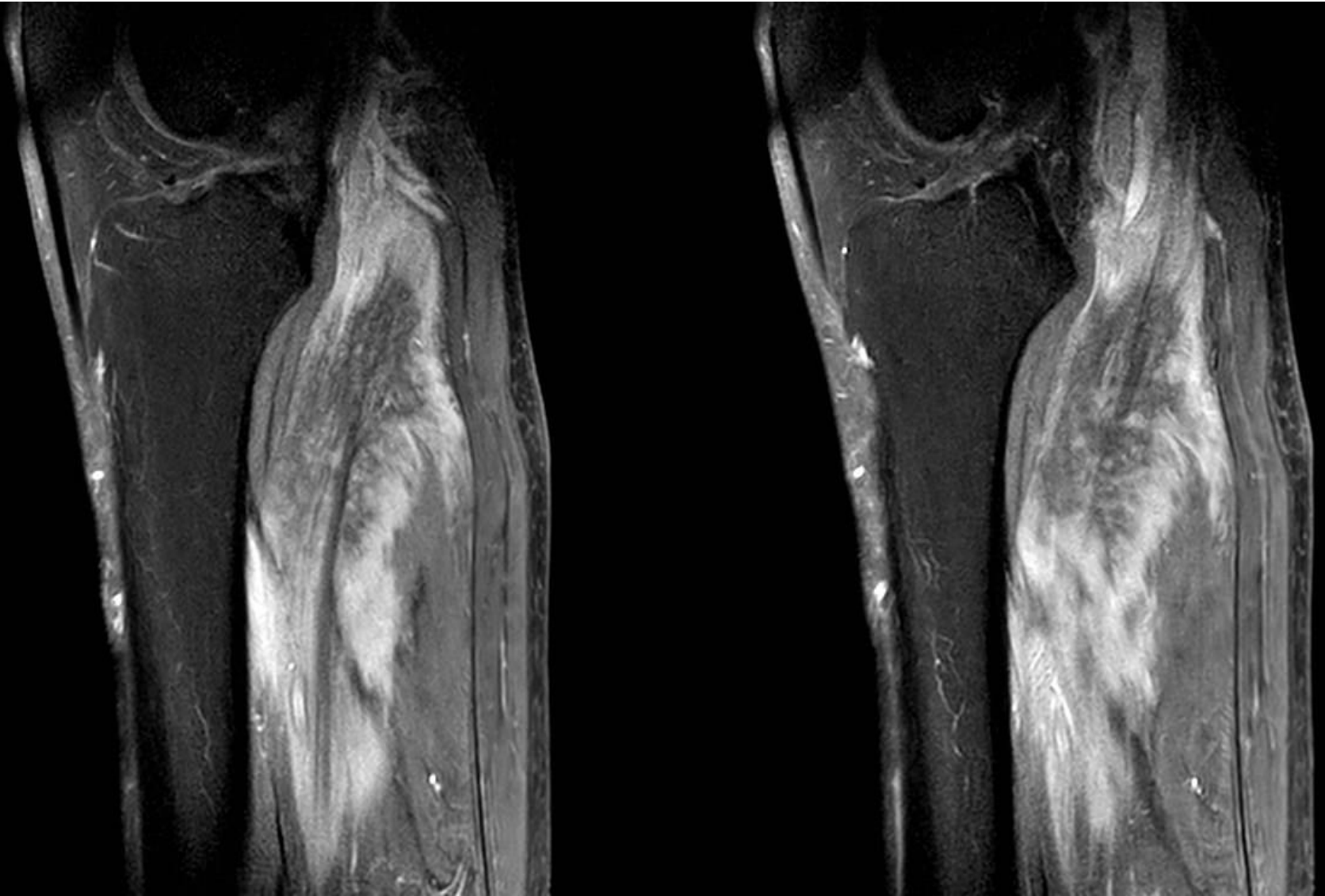
CHI	
0-	Frq 4.0
	Gn 64
	D 10.0
-	AO% 100
CF	
	Frq 3.1
-	Gn 18.5
	L/A 1/4
-	PRF 1.5
	WF 252
5M	S/P 4/10
	AO% 100



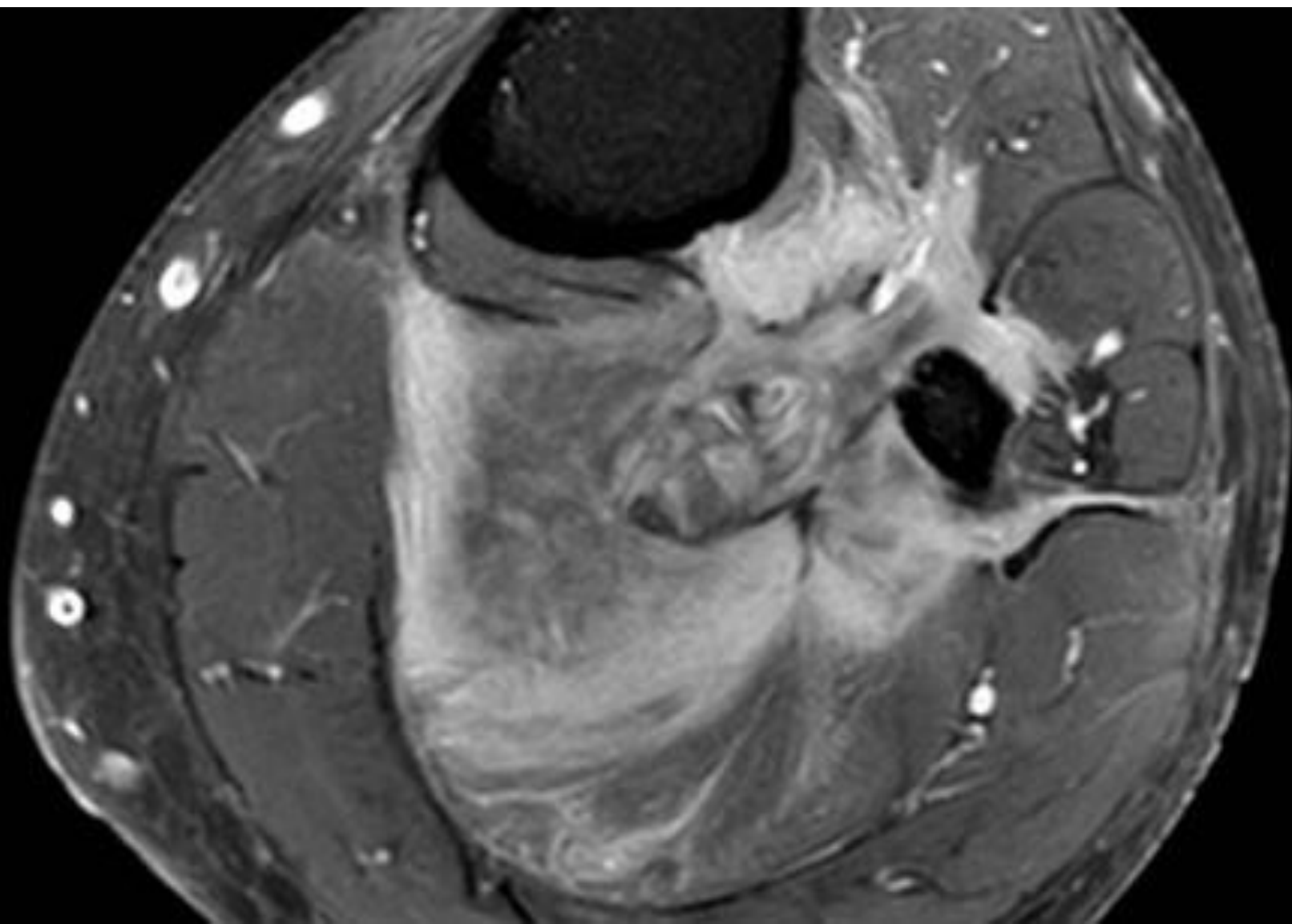
# Clinical findings

- ▶ March 2015 neurologist's consultation
  - ▶ March 2015 – MRI – infiltrative tumor in the left popliteal fossa – sarcoma?
  - ▶ Oncosurgeon's consultation – biopsy – hyalinic material, lymphoplasmatic infiltrate – no tumorous mass
  - ▶ April 2015 – pathologist – oncosurgeon's next consultation – new biopsy – diagnosis!
- 

# MRI

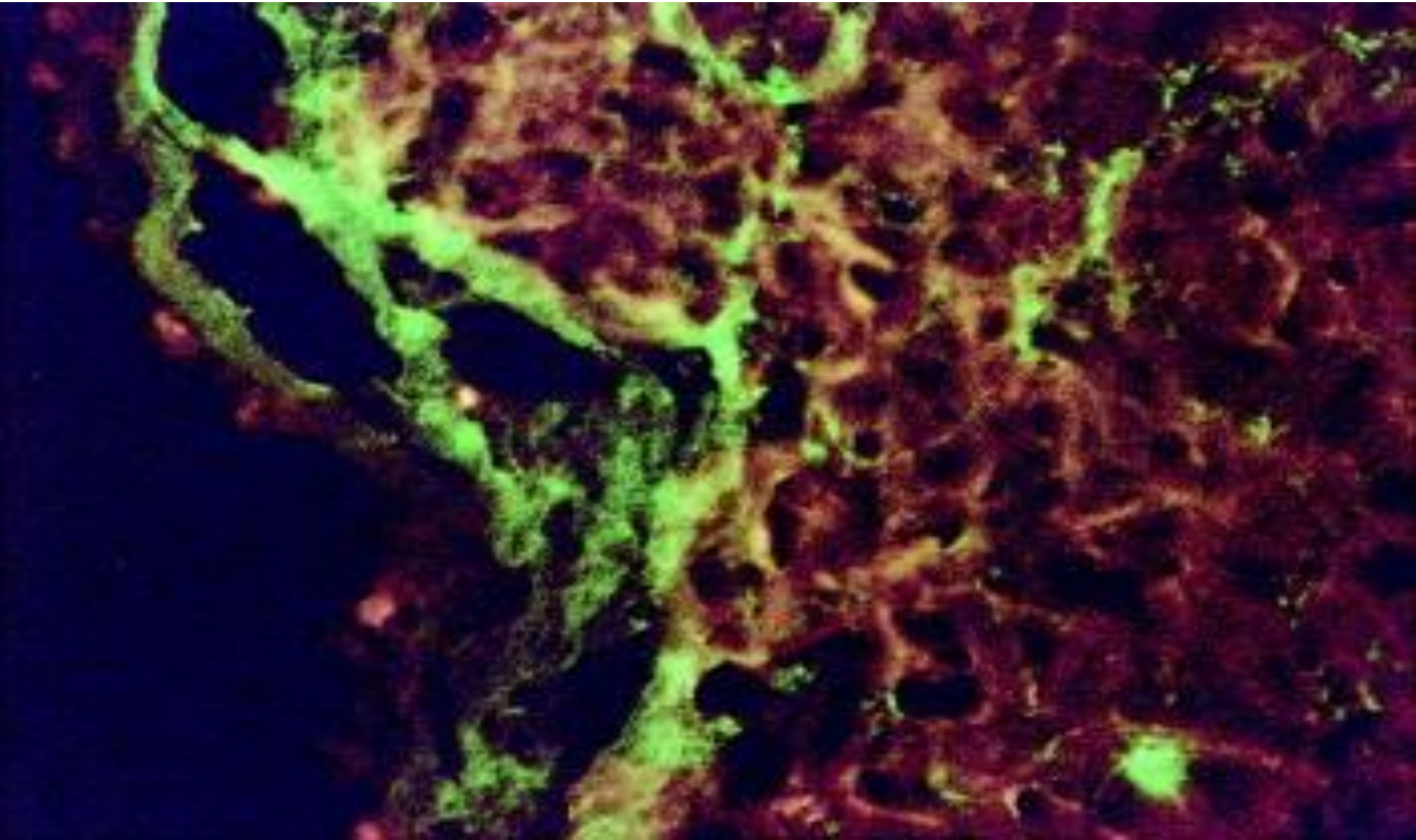


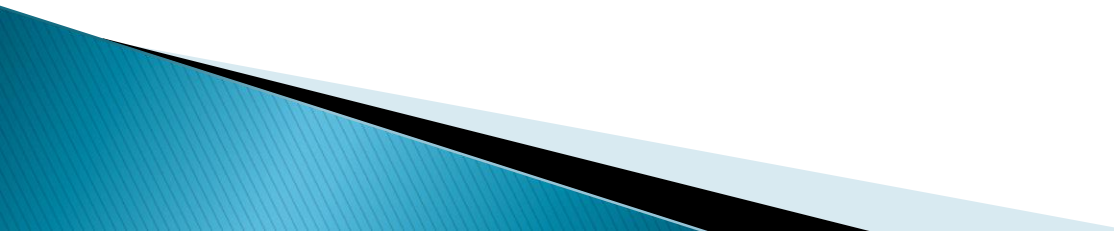
# MRI





# Fluorescence microscopy



- ▶ September 2015 – Rheumatology department (Tartu University Hospital)– hospitalized for further examination
  - ▶ New MRI – no new findings
  - ▶ Neurosurgeon’s consultation – slow progression, new MRI in 6 months
  - ▶ Electroneuromyography – functional damage on n. tibialis and n. peroneus
- 



# Blood tests

- Plasma protein fractions:

Albumin 44.0 (36.0 .. 51.0 g/L)

Alfa-1-globulins 1.8 (1.0 .. 3.0 g/L)

Alfa-2-globulins 6.9 (4.0 .. 8.0 g/L)

Beeta-1-globulins 4.9 (4.0 .. 8.0 g/L)

Beeta-2-globulins 4.1 (2.0 .. 7.0 g/L)

Gammaglobulins 13.3 (7.0 .. 17.0 g/L)

**M-component 1 7.9 (g/L)**

Albumin % 58.7 (%)

Alfa-1-globulins % 2.4 (%)

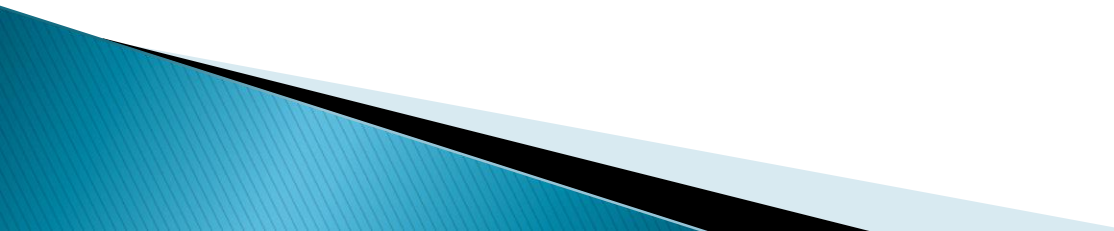
Alfa-2-globulins % 9.2 (%)

Beeta-1-globulins % 6.5 (%)

Beeta-2-globulins % 5.5 (%)

Gammaglobulins % 17.7 (%)

**M-component 1 % 10.5 (%)**

- Monoclonal gammopathy – further studies needed – myeloma?
  - FDG–PET/CT
  - Metabolically active mass in the left leg and in the right lung – possibly another deposit of amyloid?
- 

3D Volume 2

Ex 7150

Se:6

Weighted HD MIP No cut

DFOV 184.5 cm

R

9

2

3

No VOI

Weighted Factor Low

3.3mm /3.3sp

12:34:08 PM

m=0.00 M=3.15 kBq/ml

05.10.2015 12:34:08

S 286

TARTU YLIKOOLI KLIINIKUM



650/1



V=1.49

- ▶ Bone marrow aspiration and biopsy
- ▶ Hematologist's consultation
  - Monoclonal gammopathy of undetermined significance
- ▶ Hematologists– no systematic cytostatic treatment – radiation therapy?

# Amyloidoma

- ▶ ...or tumoral amyloidosis, is defined as a solitary localized tumorlike deposit of amyloid, in the absence of systemic amyloidosis
- ▶ Pubmed – 232 articles
- ▶ ‘Soft tissue amyloidoma of the extremities is even more uncommon and, when strictly defined, only 11 such cases are reported in the English language to date.’ [Pasternak S<sup>1</sup>, Wright BA, Walsh N.; The American Journal of Dermatopathology, 2007](#)



# Treatment of amyloidoma

- ▶ Surgical treatment?
- ▶ Radiation therapy?
- ▶ Systemic treatment?
- ▶ Cyclophosphamide?

+

- ▶ Bortezomib (proteasom-inhibitor)?

+

- ▶ Glucocorticosteroids?



*"It's something so rare, Google doesn't know."*

# Thank you!