

Tissue Diagnosis by Congo red or EM



Evaluate for Systemic Disease and Organ Involvement  
Renal: Creatinine; 24 hour urine total protein  
Cardiac: EKG; Echocardiogram; Troponin; BNP (NT-ProBNP)  
GI/Hepatic: Alkaline phosphatase; Liver Ultrasound\*; Endoscopy\*  
Nerve: Orthostatics; Nerve conduction studies\*; Gastric emptying\*



Evaluate for a monoclonal gammopathy  
a) Bone marrow aspirate & biopsy  
b) SPEP & IFE; UPEP & IFE  
c) Quantitative Ig measurement  
d) Serum FLC assessment



Monoclonal Gammopathy Present

Monoclonal Gammopathy Absent



Likely AL amyloidosis



Consider other type  
Proteomic Studies  
Immunogold Electron  
microscopy



Treatment of  
AL amyloidosis

† Localized amyloidosis

‡ Secondary amyloidosis

£ Familial amyloidosis

¥ Senile Systemic amyloidosis

\* If clinically indicated

‡ Indications for familial testing with or w/out a monoclonal gammopathy<sup>7</sup>

1. African Americans for mutant TTR
2. Dominant peripheral nervous system involvement
3. Isolated renal involvement and no amyloid in bone marrow; screen for fibrinogen Aα
4. Family history concerning for familial amyloidosis

†: kappa or lambda precursor protein; refer to system specific specialist

‡: Consider when clinically indicated i.e. chronic inflammatory condition

£: Most likely transthyretin (TTR) mutation but consider other hereditary forms

¥: Wild type TTR; often isolated cardiac involvement