

and Hodgkin's disease, as well as other non-immunocyte mediated neoplasms.

**Dr. Kuo Ming Chang:**

Clinical signification with greater and more profuse involvement of the blood vessels, muscular, and nerve tissues can occur,<sup>8,9</sup> as was the case for this patient's colectomy procedure. The patchy hemorrhaging and ulcerations (Fig. 2) probably resulted from fragility and rupture of affected vessels in the former<sup>10</sup> and localized ischemia further compounded by damaged vessels in the latter.<sup>11,12</sup> Paralytic ileus supervened on this person and this may be possibly due to amyloidotic sediments on the bowel musculature and nerves<sup>13,14</sup> causing stigmatous neuromotor disturbances. Malabsorption develops because of intestinal stasis.<sup>15</sup> Symptomatically, from the antecedent factors, our subject would have sustained malnutrition, digestive tract bleeding, peptic disease, and perhaps a deviation of bowel habits.

**Dr. Be-Fen Chen:**

The differentiation is related to the particular location of the amyloid deposits. In the vascular walls, the amyloid must be distinguished from the very common changes of arteriosclerosis that also result in the appearance of a pink hyaline thickening of the media. The amyloid infiltrates in the muscle need to be separated from collagen, which is seen in systemic sclerosis and in the later stages of intestinal myopathies.

**Dr. Jeffery Tzen:**

There is no staining for immunoglobulin light chains with the immunoperoxidase technique. These results were not diagnostic for the type of amyloid.

**PATHOLOGICAL DIAGNOSIS**

Colonic amyloidosis, consistent with the primary systemic type.

Multiple myeloma.

**Addendum**

We have particularize a not-so-infrequent case of primary amyloidosis with synchronistical multiple myeloma.

Amyloidosis is the byword given to a heterogeneous group of diseases that have in common similar-looking protein deposition in bodily tissues. Involvement of the gastrointestinal tract is estimated to more than 75% of primary amyloidosis.<sup>1,14</sup> Depending on the degree of involvement, GI amyloidosis may be entirely asymptomatic or vexatious signs of hemorrhage, ulcer, mucosal fragility, intestinal rupture, reduced motility, or malabsorption may occur.

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