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Systemic AL Amyloidosis Associated With Multiple Myeloma

real-world experience from a Tunisian hematology center

N. Bensaid, A. Rahal, R. Ben Sghaier, A. Ben Amor, N. Sassi, W. Cherif, H. Regaig, Y. Ben Youssef

Department of Clinical Hematology, Farhat Hached University Hospital, Sousse, Tunisia

INTRODUCTION

- Systemic AL amyloidosis is a rare plasma cell disorder characterized by extracellular deposition of misfolded immunoglobulin light chains, causing progressive organ dysfunction.
- Often linked to plasma cell dyscrasias like multiple myeloma, its heterogeneous presentation often delays diagnosis, leading to advanced organ involvement at presentation.

METHODS

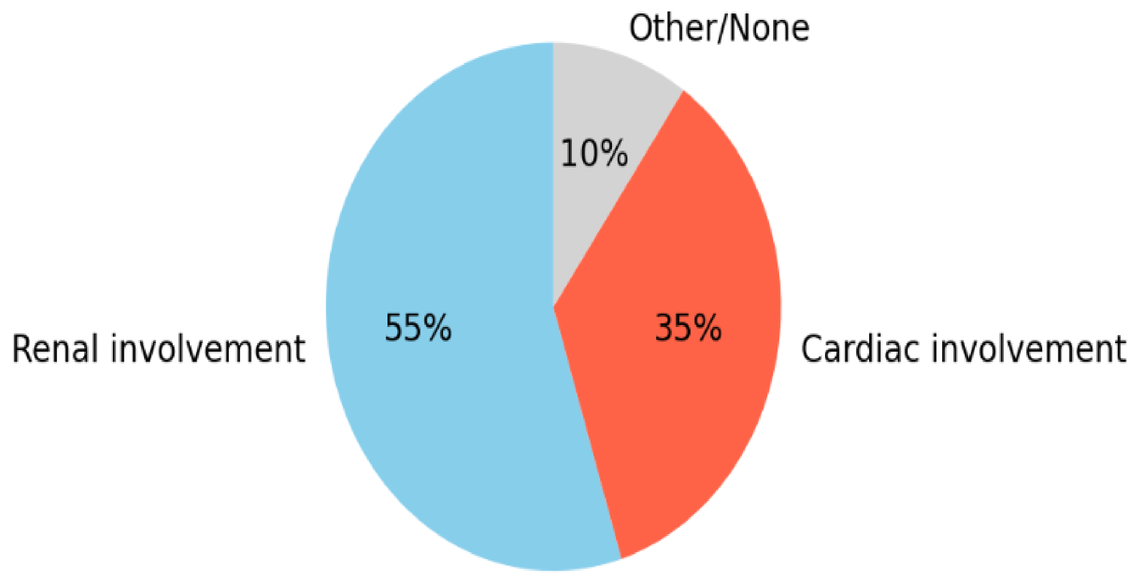
- **Study Type**: retrospective descriptive study
- **Population**: AL amyloidosis patients diagnosed at Farhat Hached University Hospital, Hematology Department (2017–2024).
- **Diagnosis**: based on clinical, laboratory, and histological criteria (Congo red staining, immunohistochemistry).
- **Data collected**: clinical presentation, organ involvement, treatment, and outcomes.

RESULTS

Tab.1 : Main characteristics of the 9 AL amyloidosis patients (2017–2024)

Features	Results
Number of patients	N = 9
Mean age (range)	63 years (43 - 89)
Sex ratio (M:F)	1.25
Associated symptomatic MM	89% (n = 8)
Bone marrow infiltration	Median plasma cell infiltration: 34%
Main symptoms	Asthenia (n = 5, 55%) Dyspnea (n = 4, 44%)
Disease stage (Mayo)	Majority stage III (n=6 evaluable)
Treatment (main regimen)	Predominantly Bortezomib–Cyclophosphamide–Dexamethasone (VCD)
ASCT	None (no patient underwent autologous stem cell transplantation)

Figure 1. Organ involvement in AL amyloidosis cohort (n=9)



CONCLUSION

- In this real-world cohort, AL amyloidosis presented at advanced stages with prominent cardiac (35%) and renal (55%) involvement.
- Earlier diagnosis and broader access to modern therapies are crucial to improve outcomes in plasma cell dyscrasias.

REFERENCES

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