

Amyloidosis: Pathway to Diagnosis

RED FLAGS AND DIAGNOSTIC ALGORITHM

“4 doctors thought
I had Athlete’s heart.
I didn’t.”

GREG FOSTER

Olympian



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RED FLAG SYMPTOMS

RED FLAGS

Especially if in the presence of common symptoms and ≥ 1 other red flag

- Carpal tunnel syndrome, especially if bilateral
- Progressive symmetric sensory-motor neuropathy (suggestive of hereditary TTR amyloidosis-polyneuropathy)
- Ventricular wall thickening with preserved ejection fraction
- Congestive heart failure (including shortness of breath, generalized fatigue, peripheral edema)
- Intolerance of beta blockers and ACE inhibitors
- Protein in urine and/or renal failure
- Lumbar spinal stenosis
- Spontaneous biceps tendon rupture
- Periorbital ecchymosis (“Raccoon eyes”)
- Family history of hereditary transthyretin amyloidosis (hATTR)

OTHER COMMON SYMPTOMS

General

- Fatigue
- Periorbital purpura
- Enlarged tongue
- Peripheral edema
- Loss of libido

Cardiovascular

- New shortness of breath on incline and stairs
- Irregular heart beat (AFib most common)

Gastrointestinal

- Unexplained weight loss

- Early satiety
- Diarrhea and/or constipation
- Nausea and vomiting

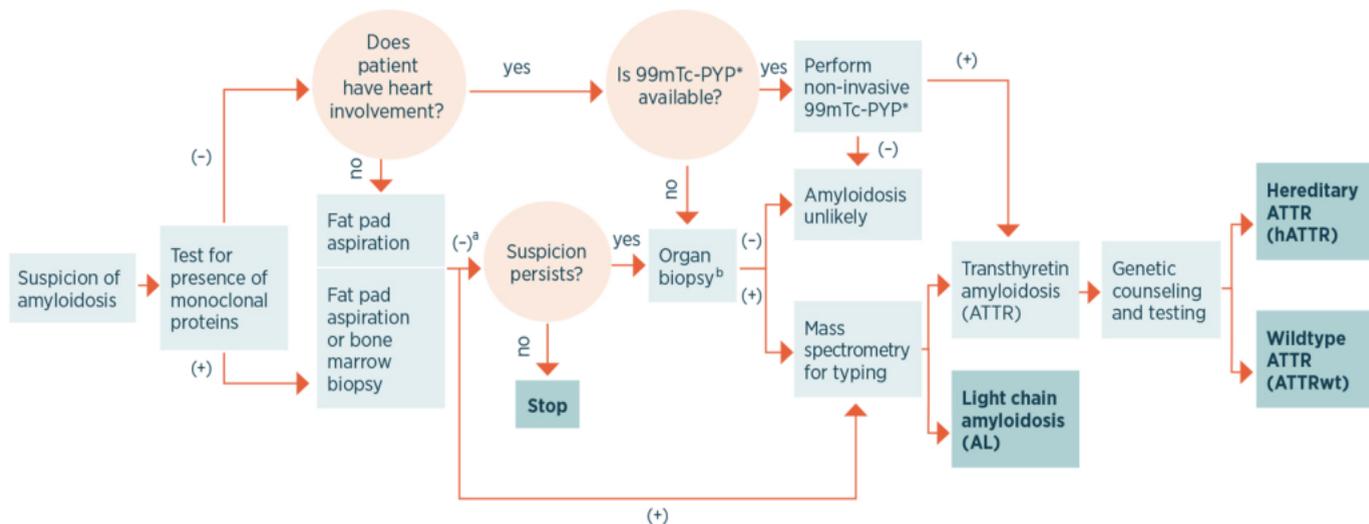
Autonomic neuropathy

- Orthostatic hypotension
- Recurrent urinary tract infection (due to urinary retention)
- Sweating abnormalities

Ocular

- Dark floaters
- Pupillary and blood vessel abnormalities

DIAGNOSTIC ALGORITHM



* 99m technetium pyrophosphate scintigraphy

- Step in the diagnostic algorithm (test, biopsy, or conclusion)
- Key question in determining next step

- a A negative fat pad or bone marrow will exclude amyloidosis in 85% of cases. Clinical evidence should be evaluated to determine if there is still suspicion.
- b Depending on clinical presentation, appropriate organ biopsy will differ. Common sites are heart, kidney, liver, and nerve.



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Amyloidosis: Don't be the one who misses it.
[arci.org/diagnosing-amyloidosis](https://www.arci.org/diagnosing-amyloidosis)

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