

Raccoon Eyes after UGI Endoscopy: A Case Report

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ABSTRACT

A 78-year-old woman presented with epigastric pain following the use of non-steroidal anti-inflammatory drugs (NSAIDs) for joint pain relief. She underwent UGI endoscopy. During UGI endoscopy she suffered from severe retching despite the use of sedatives. At 6 hours after the procedure, she developed raccoon eyes with chemosis. Biopsy from the gastrointestinal (GI) mucosa revealed amyloidosis.

Keywords: Endoscopy; Gastrointestinal; Amyloidosis

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INTRODUCTION

Amyloidosis is a generic term that refers to the extracellular deposition of fibrils that consist of low molecular weight proteins, the majority of which are in the molecular weight range of 5 to 25 KD. Deposition of otherwise normal transthyretin fibrils in the myocardium and other sites is called systemic senile amyloidosis (SSA)(1). The prevalence of various types of amyloidosis throughout the world is varied. In developed countries, primary amyloidosis is the most common type. In developing countries the secondary type is more frequent, most probably due to a

higher prevalence of chronic infectious diseases such as tuberculosis, leprosy, and osteomyelitis in the developing countries(2).

CASE REPORT

A 78-year-old woman presented with arthralgia since a few years prior. She suffered from epigastric pain after using non-steroidal anti-inflammatory drugs (NSAIDs) for pain relief. The past medical history was unremarkable, with the exception of surgery for treatment of bilateral carpal tunnel syndrome. She was a heavy smoker. In physical examination, there were raised jugular vein pressure(JVP) and peripheral edema with multiple ecchymotic areas on both legs (Figure 1). Echocardiography revealed right-sided heart failure. Laboratory examinations that included CBC, ESR, liver function tests, urinalysis and renal function tests were unremarkable. Transabdominal ultrasonography was normal. She underwent UGI endoscopy. During UGI endoscopy she suffered from severe retching, despite having used sedatives. At 6 hours after the procedure she developed raccoon eyes (Figure 2). Biopsy from the rectal mucosa revealed amyloidosis.

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Fig. 1: Pedal edema with ecchymosis.



Fig. 2: Raccoon eyes.

DISCUSSION

When compared with patients that have primary amyloidosis, those diagnosed with SSA have better prognosis (survival: 75 versus 11 months) despite cardiac involvement(3). We did not find a cause for secondary senile systemic disease in our case, thus we believe she has primary amyloidosis. As in our case, significant renal involvement is rare in the senile systemic disorder. However, carpal tunnel syndrome may be seen. In one study, all 18 affected patients were elderly men, although our case was an elderly female. As with gastrointestinal (GI) manifestation of

amyloidosis, hepatomegaly with or without splenomegaly can be a common finding in some forms of the disease. Other GI manifestations include bleeding (due to vascular friability and loss of vasomotor responses to injury), gastroparesis, constipation, bacterial overgrowth, malabsorption, and intestinal pseudo-obstruction resulting from dysmotility(4). Although the diagnosis of amyloidosis may be suggested by medical history and clinical manifestations (e.g., nephrotic syndrome in a patient with multiple myeloma or long-standing, active rheumatoid arthritis), diagnosis can only be confirmed by biopsy. The sensitivity of a rectal biopsy in one large series, predominantly from patients with systemic amyloidosis, has been reported to be 84%. The sensitivity of kidney, liver, and carpal-tunnel biopsies were all 90% or more in this cohort(5). Because fat pad aspiration biopsy is less likely than liver, renal, or even rectal biopsies to be complicated by serious bleeding, it is recommended as the initial biopsy technique for patients with multiple organ involvement.

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