

Another aspect-oriented approach to diagnosis of cardiac amyloidosis

We read with interest the article by Esterbrook *et al*¹ on cardiac amyloidosis. Authors demonstrated very excellent clinical presentation and a challenging diagnostic work-up in a patient with cardiac amyloidosis presenting with cough and breathlessness. However, we would like to discuss on another possible straightforward diagnostic approach for this case.

A combination of poor R progression on ECG without evidence of coronary artery disease and echocardiographic features of increased ventricular wall thickness in normotensive patients should raise the suspicion of infiltrative heart diseases especially amyloidosis.² Urine studies including urine protein to creatinine ratio and urine protein electrophoresis are essential from the fact that proteinuria is present in more than 90% of the cases of amyloidosis.³ Serum and urine immunofixation can reveal an abnormal monoclonal band in approximately 90% of the cases with primary (AL) amyloidosis as in the case

presentation. However, monoclonal protein is present in lower concentration in AL amyloidosis compared with multiple myeloma. So, serum-free light chain assay is a very helpful quantitative test that is abnormal in more than 95% of the cases and should be included in the diagnostic work-up for amyloidosis.⁴ An excess of lambda or (less common) kappa from serum-free light chain assay can promptly guide us to the diagnosis of AL amyloidosis.

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