

Just a Tongue Anomaly or Something More?

Macroglossia Isolada ou Algo Mais?

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A 54-year-old woman with a past history of breast and uterine cancer, appeared at the emergency room with a six-month history of fatigue, weight loss (> 12 kg), lower limbs swelling and dysphagia due to progressive tongue enlargement. ENT examination demonstrated macroglossia (Fig. 1-A), that was confirmed by computed tomography (CT) scan (Fig. 1-B). Laboratory tests complemented with image findings showed the presence of a restrictive cardiomyopathy and a nephrotic syndrome. The abdominal fat biopsy with immunofixation electrophoresis was positive for light-chain amyloidosis. The patient began chemotherapy treatment with bortezomib, dexamethasone and cyclophosphamide, completing four cycles of treatment with frank tongue reduction. The patient died 5 months after the diagnosis.

Tissue deposition of protein fibrils causes a group of rare diseases called amyloidosis, with light-chain amyloidosis

(AL) being the most common type. Although it is considered to be a highly specific finding of AL, macroglossia is only found in about 10%-20% of cases. Tongue nodules, papules or ulcers can also appear in AL patients.¹ In addition to the head and neck region, it can affect important vital organs like the heart, kidneys or liver, potentially causing irreversible damage, and a poor overall prognosis. The diagnosis is usually made with biopsy, with Congo Red staining producing a pathognomonic birefringence green under polarized microscopy. The treatment includes chemotherapy and autologous stem cell transplant.^{1,2}

An uncommon clinical finding like macroglossia can be present in tuberculosis, acromegaly, hypothyroidism and genetic syndromes, among others.^{1,3} Amyloidosis is an important differential diagnosis to keep in mind, since an early diagnosis and timely treatment can improve the outcome of an otherwise poor prognosis disease.

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FIGURE 1. (A) Macroglossia with indentations from teeth; (B) Macroglossia on the head and neck CT, sagittal view.

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REFERENCES

1. Mishra K, Jandial A, Prakash G, Malhotra P. Macroglossia and amyloidosis. QJM. 2018;111:835-6. doi: 10.1093/qjmed/hcy141.
2. Melo Alves J, Marto N. Macroglossia in Light-Chain Amyloidosis. N Engl J Med. 2018;378:2321. doi: 10.1056/NEJMc1716472.
3. Murthy P, Laing MR. Macroglossia. BMJ. 1994;309:1386-7. doi: 10.1136/bmj.309.6966.1386.