

Periorbital Papular Amyloidosis

Carlos Antonio Moura, MD,* Marconi Cedro,* and Carlos Geraldo Moura*

A 60-year-old woman presented with 1-year history of fatigue, weight loss, polyarthralgia, and nonitchy papules on her eyelids. She also reported paresthesia on hands and feet in the last 4 months. She denied other symptoms. Examination showed multiple symmetric waxy papules on the periorbital region exerting



FIGURE. Periorbital papular amyloidosis. Color online figure is available at <http://www.jclinrheum.com>.

mild mechanical ptosis (Figure). Neurologic examination suggested bilateral carpal tunnel syndrome and loss of sensation on the feet. The remainder physical examination was unremarkable.

Laboratory examination was altered for a hemoglobin of 9.0 mg/dL and serum immunoelectrophoresis with monoclonal paraprotein of κ light chain. A skin biopsy specimen of the lesions was positive for Congo red staining with immunohistochemistry confirming the diagnosis of light-chain systemic amyloidosis. Many signs have been described as highly suggestive of light-chain systemic amyloidosis such as shoulder pad sign,¹ macroglossia,² and the “raccoon sign.”³ We present a rare form of systemic amyloidosis with periorbital involvement characterized by nonitchy waxy papules⁴ and alert physicians that this uncommon sign should prompt an extensive workup for occult monoclonal gammopathy and systemic disease.

REFERENCES

1. Guerreiro de Moura CG, Pinto de Souza SP. Images in clinical medicine. “Shoulder pad” sign. *N Engl J Med.* 2004;351:e23.
2. Moura CG, Moura TG, Durães AR, et al. Exuberant macroglossia in a patient with primary systemic amyloidosis. *Clin Exp Rheumatol.* 2005; 23:428.
3. de Moura CG, Cruz CM, de Souza SP. Raccoon sign. *Arthritis Rheum.* 2013; 65:692.
4. Kumar S, Sengupta RS, Kakkar N, et al. Skin involvement in primary systemic amyloidosis. *Mediterr J Hematol Infect Dis.* 2013;5:e2013005.

From the *Clínica Médica, Hospital Santo Antonio, Salvador, Bahia, Brazil. The authors declare no conflict of interest.

Correspondence: Carlos Antonio Moura, MD, Hospital Santo Antonio, Salvador, Bahia, Brazil. E-mail: caggmoura@yahoo.com.br.

Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.

ISSN: 1076-1608

DOI: 10.1097/RHU.0000000000000545