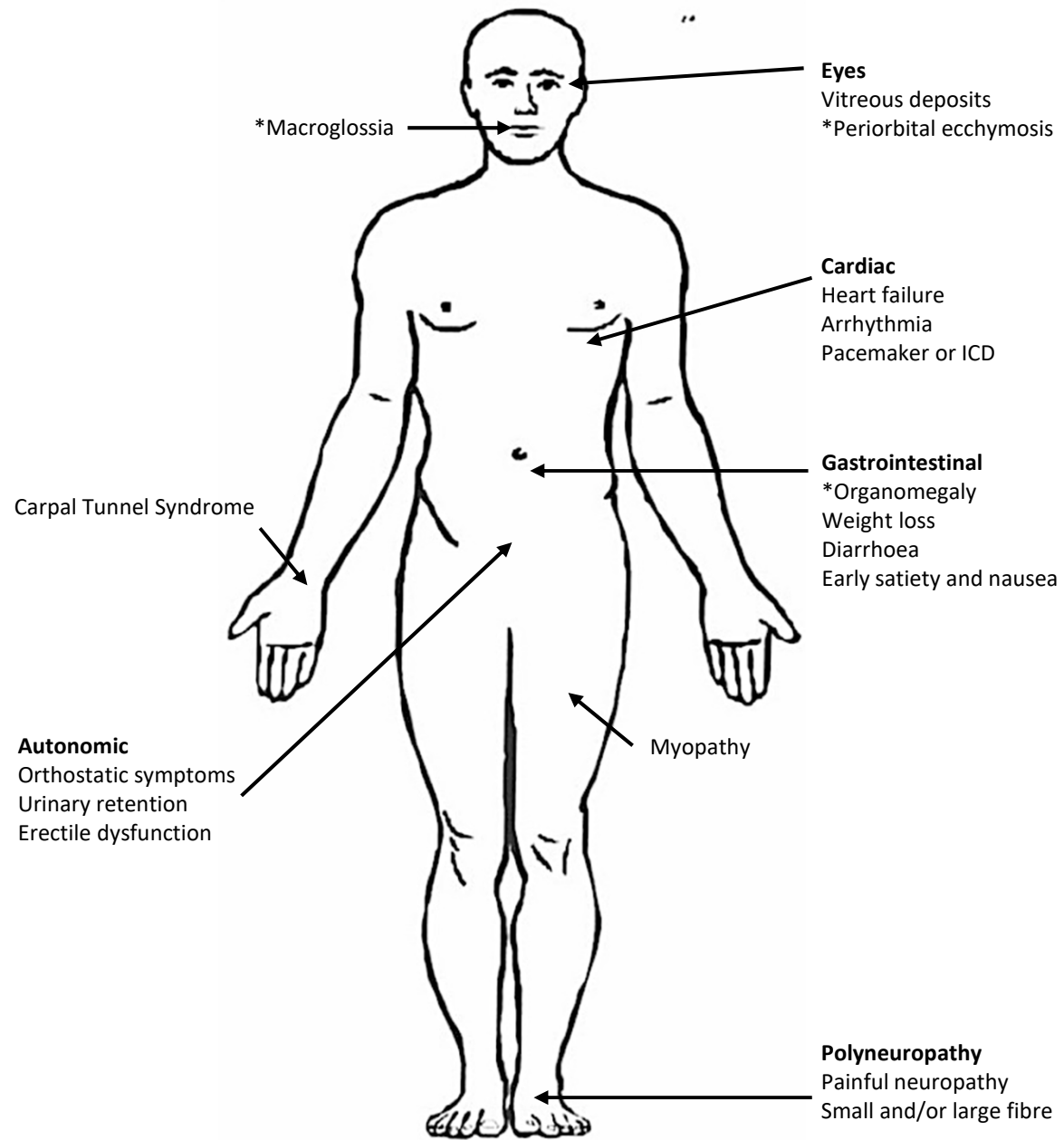


Figure 1: Clinical manifestations of amyloidosis

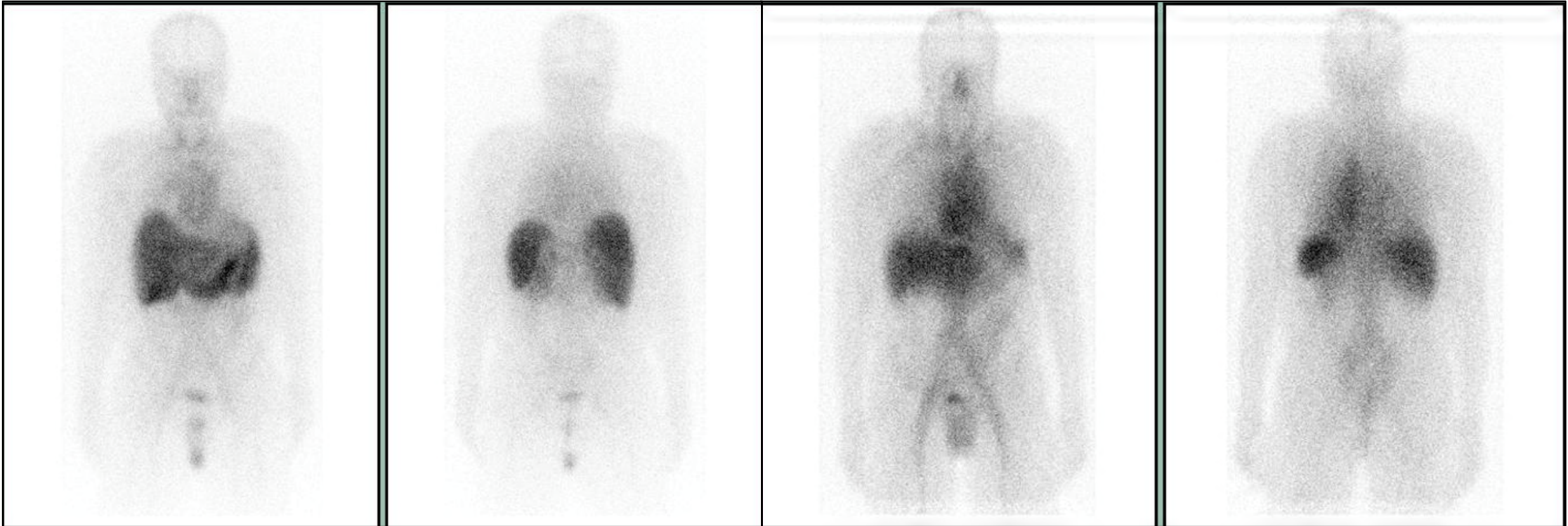


*Very suggestive of AL amyloidosis (7)

Figure 2: SAP scintigraphy in AL-amyloidosis compared with hATTR (Posterior View)

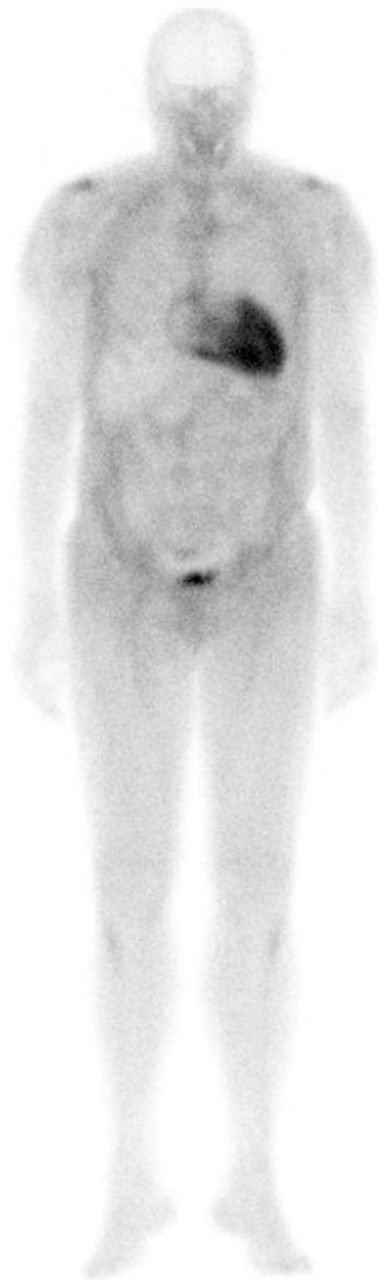
AL

hATTR

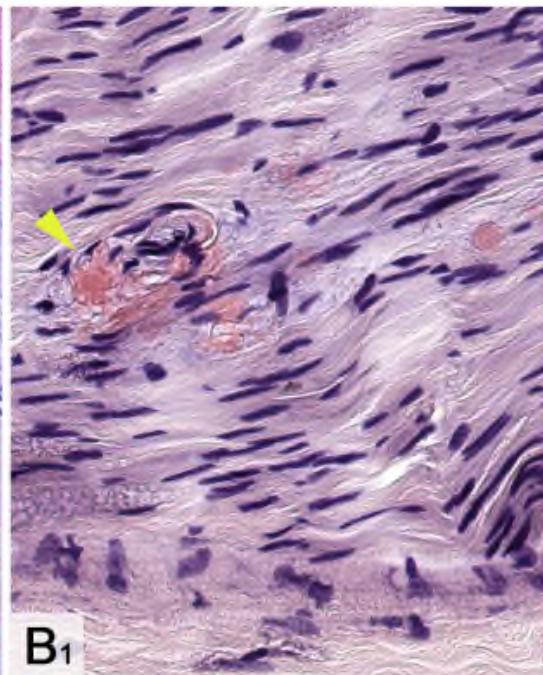
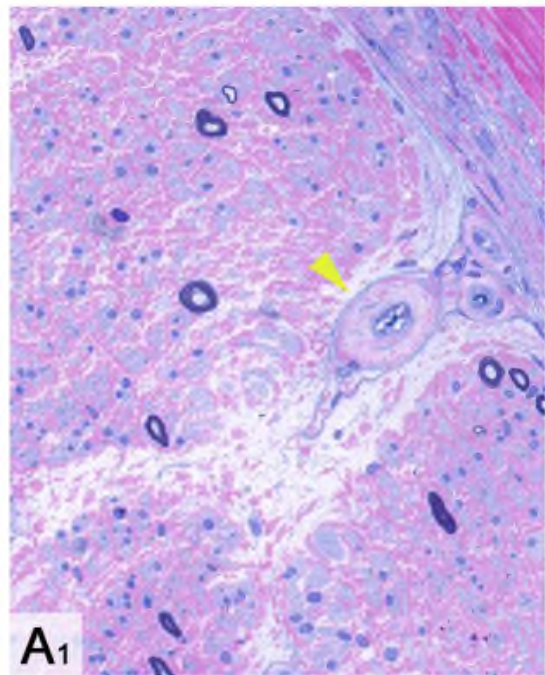
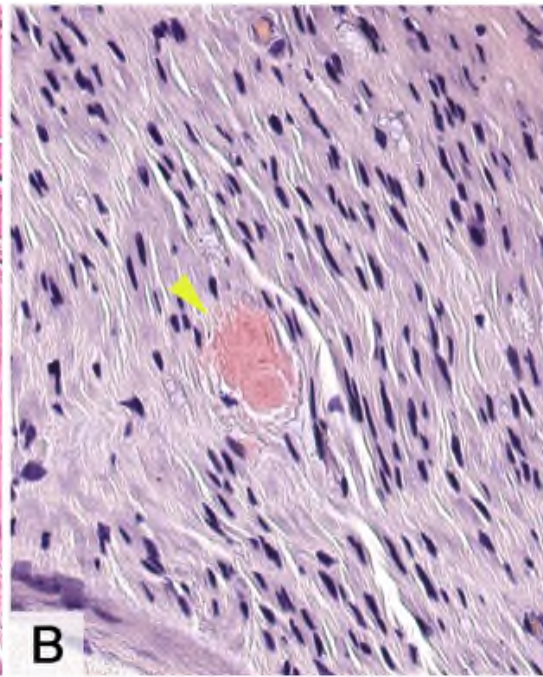
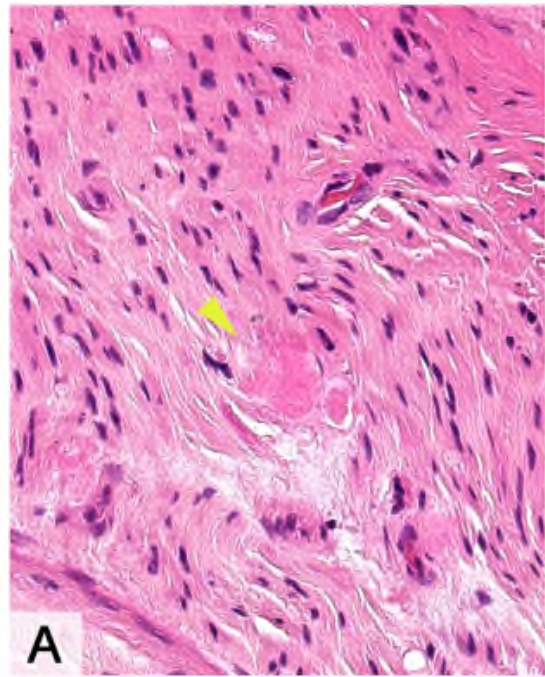


In AL amyloidosis, there is brighter, clearer uptake in liver and spleen

Figure 3: (^{99m}Tc -DPD) myocardial scintigraphy in hATTR



Light microscopy



Electron microscopy

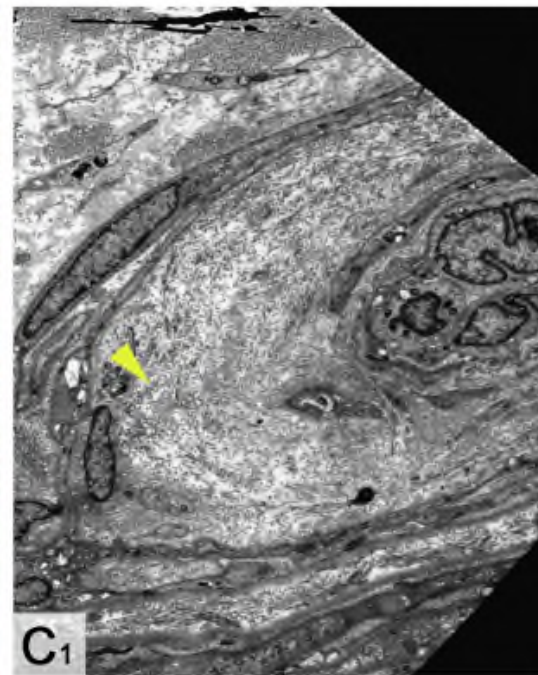
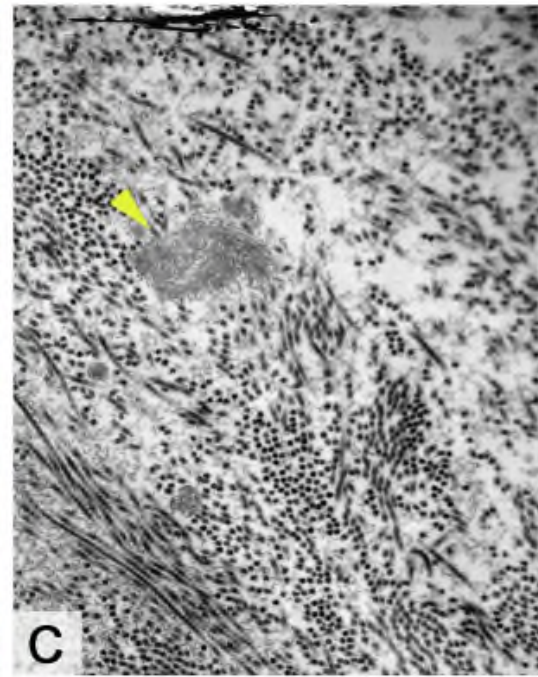


Figure 4- Morphological appearances of amyloid neuropathy due to a mutation in the *TTR* gene (Biopsy of sural nerve)

Endoneurial amyloid deposits on hematoxylin and eosin stained section (A) are seen as amorphous brightly eosinophilic deposits. Semi-thin resin section stained with methylene blue azure – basic fuchsin (A₁) shows substantial loss of large and small myelinated fibres across the transversely oriented fascicle with no evidence of regeneration or active degeneration; amyloid deposition is evident in an endoneurial blood vessel resulting in a concentrically thickened vessel wall. Congo red histochemical staining (B and B₁) accentuates amyloid deposits in the endoneurium (B) and blood vessel wall (B₁). Electron microscopy further highlights amyloid fibrils freely in the endoneurium (C) and within a blood vessel wall (C₁).

Amyloid deposits in all images are highlighted with a yellow arrowhead.

Scale bar: 40µm in A, A₁, B and B₁; 5µm in C and C₁.

Images courtesy of Dr. Zane Jaunmuktane