



Figure 1. Macroglossia in profile.

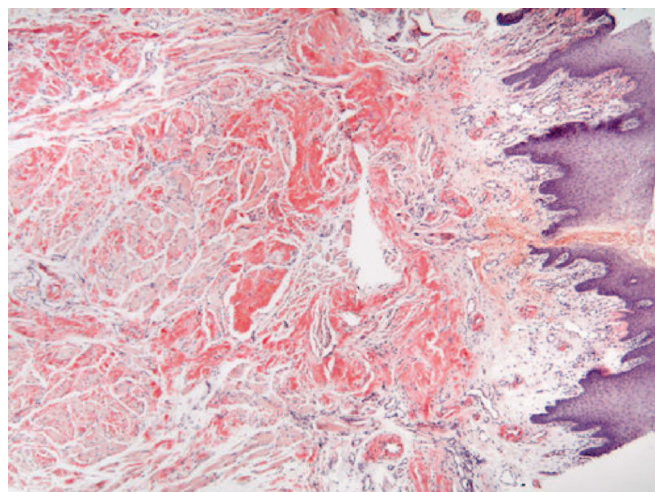


Figure 2. Histology of tongue biopsy. Low power ( $\times 4$ ), with Congo red staining. Mucosa at right. Perivascular and intramuscular amyloid deposits are seen diffusely.

## Dysarthria and dysphagia from light chain amyloidosis

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A 72-year-old man reported 6 months of painless, progressive dysarthria, dysphagia for solids, and a "crowded mouth." Review of systems was notable only for weight loss. Previous neurologists

diagnosed "bulbar myasthenia," but treatment failed to help. Exam showed nonfatigable lingual dysarthria, macroglossia (figure 1), and slow, weak lingual movements. Neck CT showed only diffuse tongue enlargement. Tongue biopsy revealed amyloid (figure 2). Further workup was consistent with light chain amyloidosis from multiple myeloma.<sup>1</sup> Chemotherapy has not improved his neurologic symptoms to date.

Amyloidosis is the most common cause of adult macroglossia. Other causes include angioedema, lymphoma, hypothyroidism, and acromegaly.<sup>2</sup>

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1. Jacobsen D. Amyloidosis, overview. E-medicine. Available at [www.emedicine.com](http://www.emedicine.com); accessed August 4, 2004.

2. Murthy P, Laing MR. Macroglossia. *Br Med J* 1994;309:386-387.

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