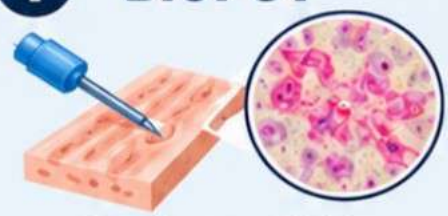
ECNG
Extracorporeal Nephrology Group
An Academic Forum for Nephrologists, DM Trainees, Physicians, and Healthcare Professionals

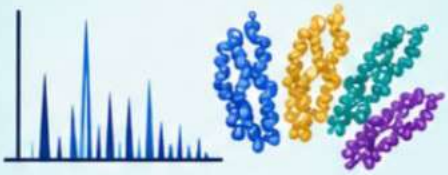
TREATMENT OF AMYLOIDOSIS

1 BIOPSY



Confirm amyloid in tissue (e.g. fat pad, organ biopsy)

2 TYPE THE AMYLOID



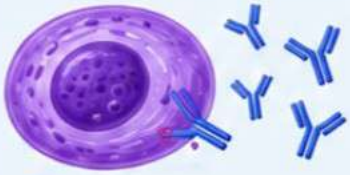
Use mass spectronetry and clinical evaluation to determine amyloid type

3 TREAT THE CAUSE



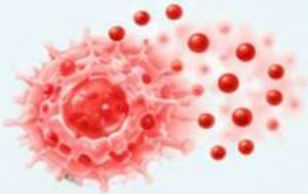
Start disease-specific treatment and supportive care based on amyloid type and organ involvement

AL (LIGHT-CHAIN)



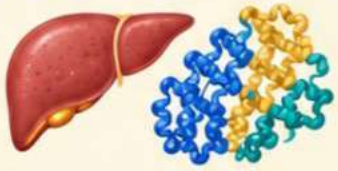
- Suppress plasma-cell clone
- **Dara-CyBorD** (daratumumab, bortezomib, bgclophosphamide, dexamethasone)
- Selected patients: autologous stem-cell transplant.

AA (INFLAMMATION-RELATED)



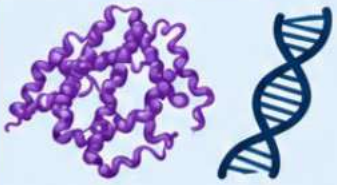
- Treat underlying infection or inflammatory disease.
- Reduce serum amyloid A.

ATTR (TRANSTHYRETIN)



- Tafamidis for eligible cardiomyopathy.
- Gene-silencing therapy for selected ATTR disease (e.g. patisiran, vutrisiran, inotersen).
- Assess heart and nerves.

ALECT2 / OTHER HEREDITARY



- Often supportive care.
- Specialist assessment.
- Selected forms may need transplant planning.

RENAL SUPPORT



- Manage edema, blood pressure, proteinuria.
- Monitor eGFR.
- Plan kidney replacement therapy when needed.
- Kidney transplant may be considered in selected patients after systemic disease assessment and disease control.

CAUTION

- Confirm tissue amyloid type before disease-directed therapy.
- Tailor treatment to organ involvement.

RENAL AMYLOIDOSIS
AFTER KIDNEY TRANSPLANTATION



WHEN TO SUSPECT



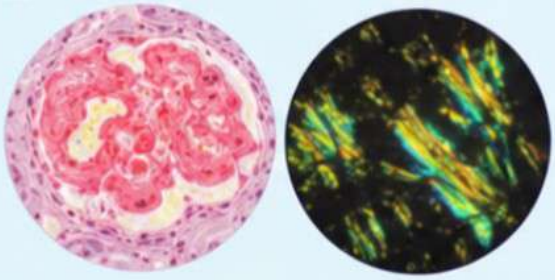
- New or recurrent proteinuria
- Graft dysfunction
- Nephrotic syndrome

POSSIBLE PATTERNS



- Recurrent amyloid in the allograft
- De novo amyloid
- Systemic amyloidosis affecting the graft

CONFIRM & TYPE



- Allograft biopsy with Congo red and apple-green birefringence
- Type amyloid by laser microdissection with LC–MS/MS when available
- Assess for systemic involvement and clone/inflammatory source

MANAGEMENT



- Treat the specific amyloid precursor/source
- Coordinate nephrology, hematology and transplant team
- Monitor graft function and proteinuria

Treatment depends on amyloid type and cause.