

Scalloped Tongue as a Manifestation of Light Chain Amyloidosis in Multiple Myeloma

Língua Dentada como Manifestação da Amiloidose por Cadeias Leves no Mieloma Múltiplo

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Palavras-chave: Amiloidose de Cadeia Leve de Imunoglobulina; Doenças da Língua; Macroglossia; Mieloma Múltiplo



Figure 1 – Diffuse macroglossia with a dry, rough surface and scalloped lateral borders due to pressure from adjacent teeth (A). Close-up view highlighting prominent tongue indentations (arrows) and exaggerated scalloping along the edges (B).

A 58-year-old male patient with a diagnosis of multiple myeloma (MM) confirmed by bone marrow biopsy presented with a two-month history of unintentional weight loss. Physical examination revealed macroglossia with scalloped borders (Fig. 1). Given the high clinical suspicion of primary light chain amyloidosis (AL), a tongue biopsy was requested.

Amyloidosis usually presents as a systemic disease secondary to MM, which is associated with the overproduction of abnormal immunoglobulin light chain due to the presence of abnormal plasma cells.^{1,2} It is a rare disease characterized by the deposition of abnormal protein (amyloid) in various organs.

Oral involvement is uncommon (< 9%), and may present with nodules, papules, plaques, macroglossia, and changes in mucosal color. Macroglossia leads to constant pressure against the inner surfaces of the teeth, creating indentations along the tongue's edges (scalloped tongue). Diagnosis is confirmed through biopsy and "Congo red" staining, which

reveals amyloid deposits.²⁻⁵

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AUTHOR CONTRIBUTIONS

JJFM: Writing of the manuscript.

YDGA, ABFL: Critical review of the manuscript.

All authors approved the final version to be published.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

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DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest related to this work.

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