

## Abstract

Multiple myeloma (MM) is a malignant proliferation of plasma cells that secrete monoclonal immunoglobulin (M protein). It accounts for **1% of all cancers** and 10% of hematological malignancies.

**Mean age at diagnosis is 66 years.** The most common findings are bone pain, pathological fractures, anemia, bone marrow failure, infections triggered by neutropenia and immunodeficiency, and kidney failure and rarely can cause acute hypercalcaemia, symptomatic hyperviscosity, neuropathy, amyloidosis and coagulopathy.

In this case, endoscopic and imaging examinations revealed showed glotto-subglottic edema and thickening of the ventricular bands. Pathological examination of laryngeal biopsies revealed the presence of amyloid.

Amyloidosis is a pathological entity characterized by deposits of insoluble extracellular proteins.

The **larynx** is a **rare site**, accounting for less than 1% of benign laryngeal tumours.

## Résultats

Endoscopic and imaging examinations revealed showed **glotto-subglottic edema** and **thickening of the ventricular bands** (fig 1.2.3). Pathological examination of laryngeal biopsies revealed the presence of amyloid. The rest of the etiological work-up revealed multiple myeloma. The patient underwent endoscopic surgical reduction as well as medical treatment combining corticosteroids and chemotherapy for the treatment of hematological malignancy.



fig.1

fig.2

fig.3

## Objectifs

Laryngeal amyloidosis is a rare ENT disease. The aim of this study is to focus on this condition, its clinical and etiopathogenic features, and its management.

## Conclusion

Laryngeal amyloidosis is a rare disease diagnosed by the identification of amyloid deposits in biopsy fragments. A differentiation is made between localized and systemic forms, necessitating staging evaluation. Long-term monitoring is necessary to detect possible recurrence.

## Méthodes et Matériels

- We performed an anatomical-clinical study of a **67-year-old** patient with no toxic or pathological history, presenting with chronic dysphonia complicated by **inspiratory dyspnea** associated with **bone pain**.

## Références