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Francois Mathieu, Erin Morgan, Joyce So, David G. Munoz, Warren Mason, Paul Kongkham



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**Oculoleptomeningeal amyloidosis secondary to the rare Transthyretin c.381T>G (p.Ile127Met) mutation**Francois Mathieu<sup>a</sup>, Erin Morgan<sup>e</sup>, Joyce So<sup>c,d</sup>, David G. Munoz<sup>d,f</sup>, Warren Mason<sup>b</sup>, Paul Kongkham<sup>a\*</sup><sup>a</sup> Division of Neurosurgery, University Health Network, University of Toronto, Canada, M5T-2S8<sup>b</sup> NeuroOncology, Department of Medicine, Princess Margaret Cancer Centre, University of Toronto, Canada, M5G-2M9<sup>c</sup> Medical Genetics, Department of Medicine, University Health Network, University of Toronto, Canada, M5T-3L9<sup>d</sup> Department of Laboratory Medicine and Pathobiology, University of Toronto, Canada, M5S-1A1<sup>e</sup> Department of Oncology, Schulich School of Medicine and Dentistry, Western University, Canada, N6A-4L6<sup>f</sup> Division of Pathology, St. Michael's Hospital, Toronto, Canada, M5B-1W8**Author e-mail contact information:**

Francois Mathieu, MD: francois.mathieu@mail.utoronto.ca

Erin Morgan, MD FRCPC: Erin.Morgan@lhsc.on.ca

Joyce So, MD PhD FRCPC: joyce.so@uhn.ca

David G. Munoz, MSc MD FRCPC: munozd@smh.ca

Warren Mason, MD PhD FRCPC: warren.mason@uhn.ca

Paul Kongkham, MD PhD FRCSC: paul.kongkham@uhn.ca

**\* To whom correspondence may be addressed:**

Paul Kongkham MD PhD FRCSC

Assistant Professor, Division of Neurosurgery

Toronto Western Hospital (University Health Network)

399 Bathurst St, WW4-450

Toronto, ON, Canada

M5T 2S8

(416)-603-5428

paul.kongkham@uhn.ca

**Key Words**

Familial Amyloidosis, Oculoleptomeningeal Amyloidosis, Transthyretin, TTR

**Abbreviations List**

CNS – central nervous system

CSF – cerebrospinal fluid

MRI – magnetic resonance imaging

OLMA – oculoleptomeningeal amyloidosis

OMIM – Online Mendelian Inheritance in Man (genetic compendium database)

TTR - transthyretin

**Abstract**

**Background:** Oculoleptomeningeal amyloidosis (OLMA) represents a rare subtype of familial transthyretin (*TTR*) amyloidosis, characterized by deposition of amyloid in cranial and spinal leptomeninges along with ocular involvement. Of more than 100 *TTR* mutations identified, few have been associated with OLMA. Herein we describe the first report of leptomeningeal amyloidosis associated with the c.381T>G (p.Ile127Met) *TTR* mutation, linking this variant in the OLMA phenotype. **Case Description:** A 53 year-old male presented with a 2-year history of progressive symptoms including upper and lower limb weakness, ataxia, peripheral and autonomic neuropathy. Neuroimaging including gadolinium-enhanced MRI of the brain and spinal axis identified diffuse leptomeningeal enhancement along the brainstem and spinal cord plus evidence of hemosiderosis. Pathologic and genetic analyses of biopsy material from enhancing intradural extramedullary tissue at the thoracolumbar junction was diagnostic of amyloidosis of a transthyretin type secondary to a *TTR* c.381T>G (p.Ile127Met) mutation. **Conclusions:** OLMA represents a rare subtype of heritable transthyretin amyloidosis that may present with progressive neurologic decline secondary to central nervous system leptomeningeal amyloid deposition. This case identifies the c.381T>G (p.Ile127Met) *TTR* mutation variant as being implicated in the OLMA phenotype.

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