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Comment on: A rare case of localised AA-type amyloidosis of the ureter with spheroids of amyloid

I read with great interest the recent report by Mantoo et al[1] about a rare localisation for AA-type amyloidosis in an adult patient. As stated by the authors, AA-type amyloidosis is secondary to deposition of acute phase proteins in chronic infections and chronic inflammatory diseases.[1] As it is a generalised disorder, the treatment of secondary amyloidosis depends mainly on the treatment of underlying disease. It is thus crucial to define the underlying cause in order to administer the precise treatment, albeit localised to anywhere. Although the authors considered the differential diagnosis, it was reported that autoinflammatory diseases are most commonly seen in secondary amyloidosis. Autoinflammatory diseases are defined as a group of diseases characterised by unprovoked inflammatory episodes and a lack of autoantibodies.[2] The spectrum of diseases in this group ranges from monogenic diseases such as familial Mediterranean fever (FMF) to the more common polygenic diseases such as Behçet's and Crohn's disease.[3] I would suggest that the authors investigate this group of disease as well, as developments in genetics have now awakened new horizons for diagnosis, especially in FMF.

Yours sincerely,

Onur Sakallioglu

Baskent University Faculty of Medicine, Zübeyde Hanım Practicing and Training Hospital, Department of Paediatrics, Karşıyaka, Izmir, Turkey. onursakallioglu@hotmail.com

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