

Panda eyes and heart failure

A 91-year-old man developed peri-orbital echymoses (panda eyes) spontaneously after drying his face gently with a towel (*Figure 1*). He gave a 6-month history of increasing susceptibility to bruising and to shortness of breath. He was cachectic and had numerous petechiae over his torso and upper limbs. Clotting studies and haema-

Figure 1. Peri-orbital echymoses, giving the appearance of 'panda eyes' and facial petechiae.



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tology were normal. He was hypotensive and had signs of biventricular heart failure.

Despite his slim body habitus, an electrocardiogram showed low limb voltages (*Figure 2*). In addition, an echocardiogram confirmed very poor systolic function and thick walled ventricles.

A diagnosis of primary immunoglobulin light chain amyloidosis was made from the clinical picture and was strongly supported by the presence of a monoclonal excess of immunoglobulin lambda free light chains in the serum. The patient rapidly deteriorated over the following few weeks with worsening heart failure and hypotension. Death occurred 19 weeks after the first

clinical signs of heart failure.

Amyloid deposition in blood vessel walls leads to fragility and the possibility of mild trauma causing bleeding into subcutaneous tissues. Infiltration of the heart produces the low voltage electrocardiogram pattern and wall thickening, by replacement of myocytes with amyloid protein. Other facial features suggestive of systemic AL amyloidosis are an enlarged tongue and thickening of the tissues in the muzzle region of the face (Dubrey et al, 1998). *BJHM*

Dubrey S, Cha K, Chamarsee B, Anderson J, Skinner M, Falk RH (1998) Primary (AL) cardiac amyloidosis: symptoms, signs and non-invasive investigations in 232 patients. *Q J Med* **91**: 141-57

Figure 2. A 12-lead electrocardiogram showing low voltage in the limb leads and Q-waves in the anterior chest leads (V1-V3).

