**ABSTRACT**

**Background:** Systemic amyloidosis is a rare disorder resulting in extracellular deposition of insoluble amyloid fibrils in different organs. **Methods:** A sixty-two-year-old African American female was presented with shortness of breath, syncope, and abdominal distension. Her lab results from more than a month ago showed positive disseminated intravascular coagulation (DIC) panel (prolonged PT/PTT, thrombocytopenia, elevated D-dimer), normocytic anemia, leukocytosis, elevated GGT, total and direct bilirubin. During her current admission, the patient was found to have oozing blood from her IV sites, profound anemia, severe coagulopathy with PT > 100 and INR undetectably high. She continued to deteriorate and expired. A complete autopsy was performed.

**Results:** A large amount of peritoneal bloody fluid, hepatomegaly, splenomegaly, and one segment of ascending colon with mucosal hemorrhage were observed. Systemic amyloidosis was identified microscopically and confirmed by Congo red special stain. The main organs with amyloid deposition included: liver, kidney, spleen, thyroid, bone marrow, adrenal glands, intravascular spaces of lung, mesentery, and pancreas. The liver demonstrated the most extensive deposition of amyloid.

**Discussion:** The direct cause of death of this patient is DIC secondary to liver failure caused by idiopathic systemic amyloidosis. Amyloidosis presenting as hepatic failure with DIC is very rare. Systemic amyloidosis with liver involvement is one of the important differential diagnoses when patients present with liver decompensation.

**REFERENCES**