A 55-year-old man with multiple myeloma was admitted with hematemesis. After resuscitation, patient underwent endoscopy, which revealed a large vegetative mass covered by whitish plaques in the body/antrum transition of the greater curvature, with oozing bleeding (Fig. 1); the gastric walls were also covered by similar whitish lesions. Hemostasis with epinephrine injection was successful, and biopsy samples were taken. Pathology revealed chronic gastritis negative for *Helicobacter pylori* infection, fibrino-necrotic exudates, indicative of ulceration of gastric mucosa, and abundant eosinophilic and hyaline deposits which were positive for amyloid substance (Fig. 2).

Secondary amyloidosis is associated with inflammatory, infectious, and neoplastic diseases. The gastrointestinal tract is one of the most commonly involved regions in systemic amyloidosis, although it rarely affects the stomach [2]. Isolated amyloidosis in the stomach is even more rare [3]. Amyloid-related gastric symptoms were reported in 1% of a large series of systemic amyloidosis presenting as: tumoralike growth, erosive lesions with hemorrhages, outlet obstruction, and gastroparesis with autonomic failure [4]. Gastrointestinal bleeding is a rare initial symptom, albeit fatal in some cases [5]. No specific treatment is available for the gastrointestinal complications of amyloidosis. The role of endoscopy in amyloidosis-related hemorrhage is limited.
Competing interests: None

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