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Too Many Calcifications

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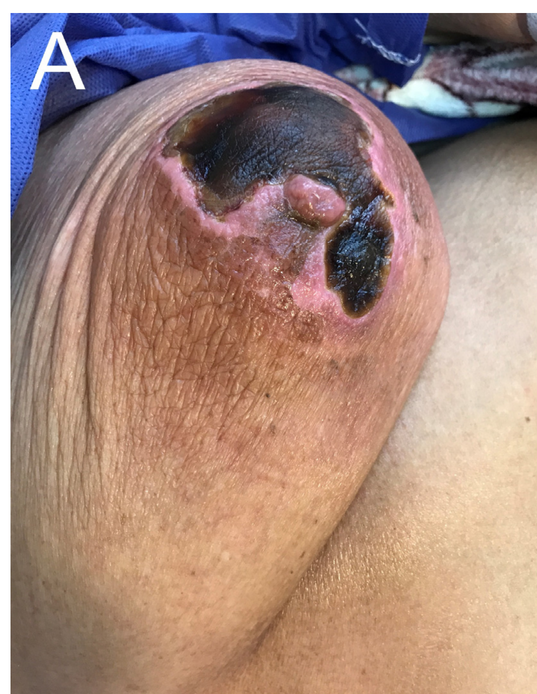
Introduction

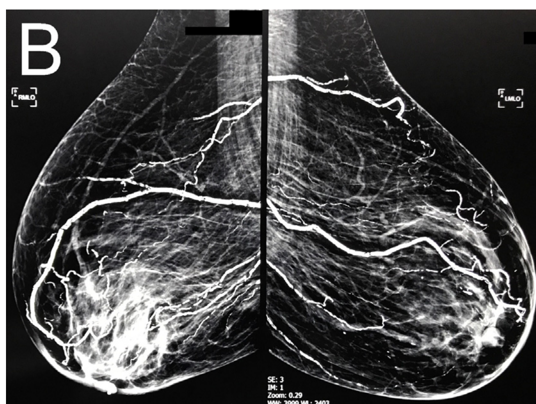
A 65-year-old woman with history of diabetes mellitus induced end-stage renal disease (ESRD) presented with several weeks of bilateral breast pain and ulcers that did not respond to empirical antibiotics. On examination there were bilateral necrotic ulcers, surrounded by erythema which were tender on palpation (Panel A).

Her medications were calcitriol and calcium supplement. Laboratory data revealed serum calcium level of 7.9 mg/dl, phosphorus 4 mg/dl, 25(OH) vitamin D 16.9 ng/ml and iPTH was 32 pg/ml. Mammography showed bilateral retro-areolar densities with widespread arterial calcifications (Panel B). She refused debridement and tissue biopsy.

Although we could not confirm the diagnosis by pathologic exam but this mammogram with



Panel A. Areolar necrotic ulcer with erythematous border



Panel B. Evidence of retro-areolar densities with widespread arterial calcifications in mammography

compatible clinical setting was highly suggestive of calciphylaxis.

Calciphylaxis is a well-recognized rare condition in which arteriolar calcification and occlusion induce painful ischemic ulcers usually in adipose-laden tissues. It is more often occur in women with ESRD and its occurrence is associated with high morbidity and mortality. Treatment option is limited and include conservative management such as necrotic tissue debridement, prevention of secondary infection and correction of calcium and phosphorus abnormalities.

References

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