IMAGES

Calciphylaxis

Calcifiliaxis

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A 71-year-old male with a personal history of hypertension, chronic renal failure (stage 5) secondary to chronic pyelonephritis, benign prostatic hypertrophy, and under treatment with sintrom for thromboembolic disease. He began dialysis in November 2014, in February of 2015 he came to our consulting room because of the appearance of ulcers in both legs, which he related to varicose ulcers he has had on other occasions. He presented an ulcer in anterolateral region of the lower right extremity of 3 x 3.5 cm and two ulcers in the left, one in the anterolateral region of 7 x 2.5 cm and another in the back of 3 x 2.5 cm. The lesions were necrotic scars on a violaceous erythematous base with irregular and indurated edges (Figure 1). He reported severe pain requiring oxycodone treatment. The analysis included: urea 95 mg/dl, creatinine 6.27 mg/dl, calcium 11.1 mg/dl, phosphorus 5.9 mg/dl, glomerular filtration 8.73, PCR 48.7 mg/dl, parathormone Intact 523.9 pg/ml. The radiograph of the limbs showed a marked calcifying atherosclerosis of all the arteries visible in the legs in a diffuse and distal form with the conserved bone structures (Figure 1).

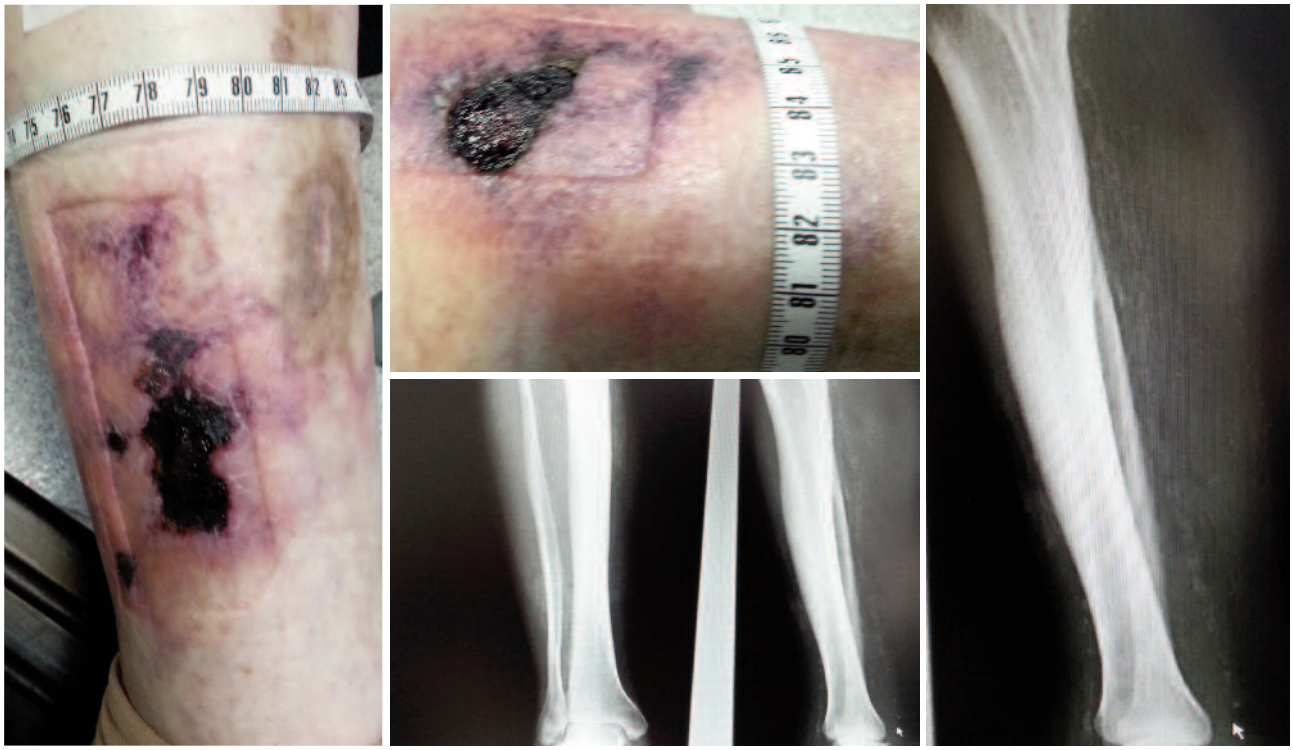

Figure 1. Calcifiliaxis ulcers. They consist of a vasculopathy of small vessels, with mural calcification, proliferation of the intima, fibrosis and finally thrombosis of the affected vessel, which causes cutaneous ischemia and subsequent necrosis of the skin, subcutaneous tissue and sometimes adjacent tissues. Clinically there are subcutaneous nodules and very painful erythematous-violet plaques with poorly defined edges of livinoid appearance, which rapidly evolve to ulcers covered by a necrotic plaque, such as those shown in this figure. Infection of these lesions is frequent and is the main cause of mortality in these patients (60-80%) due to septicemia.

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Information about the article: Received: 7-4-2016. Accepted: 10-8-2016. Online:18-1-2017.
Conflicting interests: The authors declare no conflict of interest
Financing: The author declares the non-existence of external financing of this article.
Contribution of authors: The author has confirmed its authorship, the non-existence of funding and the continuity of the confidentiality and respect of the patients' rights in the author's responsibilities document, publication agreement and the transfer of rights to EMERGENCIAS.
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Editor in charge: Aitor Alquézar Arbé, MD, PhD.