



DERMATOPATHOLOGY

## AGGRESSIVE UNIVERSAL CALCINOSIS COMPLICATING DERMATOMYOSITIS

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Context: Cutaneous calcinosis rarely complicates adult's dermatomyositis and raises the problem of medical management.

We report the case of a woman with a (DM) complicated by calcinosis remarkable for its early onset and its universal extension.

Observation: 56-year-old female patient, without ATCD, followed since 2010 for (DM) treated with corticosteroids, methotrexate, endoxan and immunoglobulins with good evolution. A year later, when the clinical and biological muscular syndrome had regressed, appeared subcutaneous nodules of 1 to 3 cm in diameter on the trunk, back, armpits and the root of the thighs, these nodules complicated after by fistulization and ulceration. The soft tissue radiograph and the biopsy confirmed the diagnosis of calcinosis. After 5 years of evolution, the calcinosis became universal and the treatment of the latter was disappointing, despite the prolonged intake of calcium channel blockers and colchicine.

Faced with the scalability of calcinosis that stiffened all these members with the installation of amyotrophy especially in the thighs, a surgical cure was made with good evolution. This treatment resulted in a partial improvement. Currently, the patient is stabilized concerning her dermatomyositis but she has major disabling sequelae with a new thrust of universal calcinosis.

Key message: In adult, dermatomyositis can exceptionally be complicated by universal calcinosis. Adult's dermatomyositis rarely associates with subcutaneous calcinosis, as opposed to the juvenile form. Its pathophysiology is not identified. Calcinosis in adults is extensive, sometimes disabling, despite remission of myositis as in our patient. It is most often refractory to several treatments (calcium channel blockers, bisphosphonates, probenecid, local steroids). The prognosis of subcutaneous calcinosis in adults is reserved in relation to the juvenile form. Our observation is special because it presented two exceptional clinical facts during adult dermatomyositis: cutaneous calcinosis and cutaneous ulcers

