



SKIN MANIFESTATIONS OF INTERNAL DISEASE

ASSESSMENT OF OUTCOMES OF CALCIPHYLAXIS

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Background: Calciphylaxis, or calcific uremic arteriolopathy, is a disorder characterized by widespread skin necrosis due to calcium deposition within small- and medium-sized vessels, subsequent thrombosis, and tissue ischemia. Although this disorder has previously been considered rare and poorly understood, increasing clinical awareness has resulted in earlier diagnosis and treatment initiation and subsequently complete resolution in some cases. There is a paucity of studies examining longitudinal outcomes in patients.

Objective: The purpose of this study is to assess mortality and outcomes in patients diagnosed with calciphylaxis in a large urban tertiary care hospital.

Methods: A retrospective medical record review was conducted in 138 patients diagnosed with calciphylaxis at a large urban tertiary care hospital from 1/2008 to 1/2018.

Results: Of the patients evaluated for calciphylaxis in the past 10 years, the one-year mortality rate averaged 49.53% (95% CI, 40.92-58.16, $p=0.0121$). Overall all-cause mortality in patients diagnosed with calciphylaxis decreased from 89% in 2011 to 27% in 2017. Over 10 years, 89.1% of these deaths occurred in patients with nephrogenic calciphylaxis, while ESRD was found in 60% of the living patients with calciphylaxis ($p<0.0001$). 39.1% of the deceased cohort died from calciphylaxis-associated issues, such as wound-related sepsis. Of this group, 12 patients died secondary to changing their goals of care to comfort measures primarily due to the learning the prognosis of calciphylaxis (95% CI, 4.63-34.81; $p=0.011$).

Conclusions: The one-year mortality rate of 49.5% compared to the previously established 60% demonstrates that outcomes have improved with better interdisciplinary care of patients with calciphylaxis. About half of patients who died from calciphylaxis changed their goals of care due to the poor prognosis of calciphylaxis.

