



VASCULAR DISEASE, VASCULITIS

## ACENOCOUMAROL -INDUCED CALCIPHYLAXIS IN PATIENTS WITH NORMAL RENAL FUNCTION

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**Background:** Calciphylaxis is a rare condition in which extensive micro vascular calcification in arterioles and occlusion of vessels lead to painful non-healing cutaneous ulcers with high mortality rate. It is most commonly associated with end-stage renal disease poorly recognized by clinicians in non-uraemic patients. Here, we report an original case of acenocoumarol induced calciphylaxis in a female patient with normal renal function.

**Observation:** A 72-year-old female was referred due to ulcers in her left thigh. She had used acenocoumarol anticoagulation for one year for atrial fibrillation complicated by deep vein thrombosis. Dermatological examination revealed indurated sub-cutaneous plaques with overlying livedo racemosa that progress to non healing very painful stellate-shaped ulcers covered by black eschar. There were no signs of primary hyperparathyroidism in laboratory evaluations and her renal function was normal. Histopathological examination of skin biopsy revealed septal and lobular panniculitis with medial calcification and intimal proliferation of small arteries leading to ischemic epidermal necrosis. The diagnosis of calciphylaxis was based on the combination of clinical picture and histological findings. Acenocoumarol was withdrawn and substituted with another type of anticoagulation, which led to improvement in both the lesion and local pain.

**Key message:** Calciphylaxis is a rare and potentially life-threatening cause of skin necrosis commonly associated with end-stage renal disease and rarely reported in non-uraemic patients. However, coumarin derivatives therapy has been previously linked to calciphylaxis as an associative condition with another risk factor in patients with normal renal function, but only few cases of solely warfarin-induced calciphylaxis have been described in literature. No other previously known predisposing factor besides acenocoumarol use was found in our patient. The cessation of coumarin derivative was decisive to lead to favorable evolution of the disease. The pathogenesis of calciphylaxis remains unclear, but there is some evidence that hypercoagulability may play a central role.

