



SKIN MANIFESTATIONS OF INTERNAL DISEASE

PSEUDOTUMOR CALCINOSIS IN A HEMODIALYSIS PATIENT: A NEW CASE REPORT

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Background: Pseudotumor calcinosis is a rare condition characterized by periarticular calcium deposition. It preferentially affects large joints such as the hip, shoulder and elbow. We report a case of pseudotumoral calcinosis in a chronic hemodialysis patient.

Observation: A 58-year-old patient, on chronic hemodialysis, presented for the last six months two slightly painful swellings gradually increasing in size in the shoulder and both hips. Clinical examination found three voluminous lumps, measuring 20 cm of length for the one of the right hip and extending to the lower third of the thigh, of firm consistency. The mass of the right shoulder was fistulized with flow of thick yellowish-white liquid. X-ray of the shoulder showed a periarticular calcified mass of multi-locus appearance capping the humeral head without lysing it. MRI revealed the presence of several soft tissue masses of both shoulders, both hips, giving a bee nest-like appearance. Their matrix was osteoid and they infiltrated the muscle structures while respecting the bones and joints. The radiological aspect was very suggestive of pseudotumoral calcinosis. The patient was placed on a low phosphate diet and intensive hemodialysis sessions to reduce the plasma concentration of the phosphocalcic product.

Key message: Pseudo-tumoral calcinosis is characterized by calcified lobular masses and the diagnosis of certainty is based on imaging, particularly MRI, showing periarticular calcifications with the classic honeycomb image. It can either be primitive or secondary related to a pre-existing condition, such as chronic renal failure. In patients with renal insufficiency, high plasma concentration of phosphocalcic product resulting from secondary hyperparathyroidism contribute to the development of this condition.

Several therapeutic modalities are possible: surgical excision, low phosphate diet, intensive hemodialysis with calcium-poor dialysate. However, the only guarantee of a cure without recurrence remains the treatment of the underlying cause including the kidney transplant.

