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【 PICTURES IN CLINICAL MEDICINE 】

Inflammatory Tumoral Calcinosis in a Dialysis Patient

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Key words: tumoral calcinosis, fever of unknown origin, inflammatory activity of tumoral calcinosis

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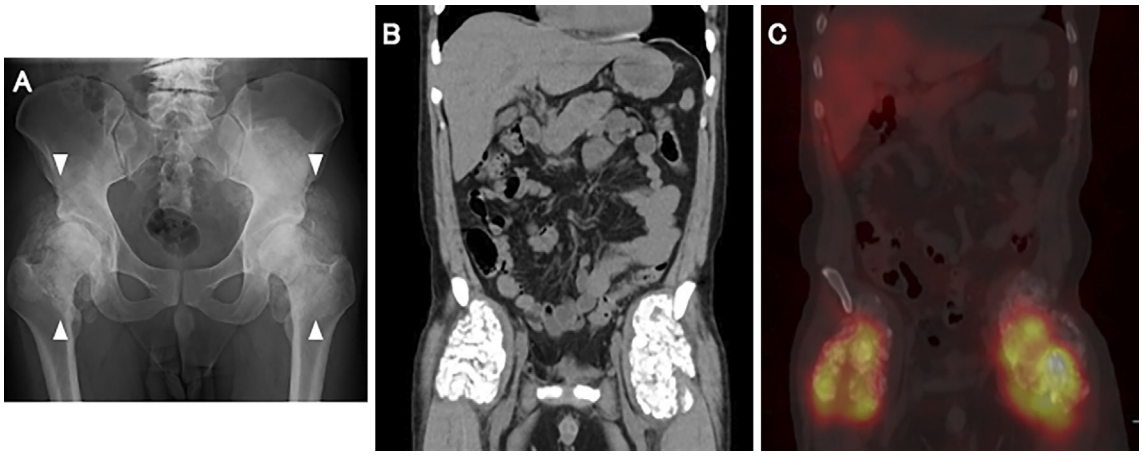

Picture.

A 41-year-old man on dialysis presented with an intermittent fever of 1-year duration and pain and numbness in the legs. The initial examination revealed warm, stony-hard masses in both inguinal areas and elevated C-reactive protein levels. The average calcium×phosphate (Ca×P) product value over the past year was 67 mg^2/dL^2. A radiographic study showed calcified masses located in the iliopsoas muscle (Picture A, B), which showed an abnormal uptake on gallium scintigraphy (Picture C). We diagnosed the masses as tumoral calcinosis (TC) and the origin of the fever. Nonsteroidal anti-inflammatory drugs (NSAIDs), colchicine, and bisphosphonate were ineffective; however, debulking surgery and the administration of etelcalcetide reduced the frequency of his fever. Poor control of calcium and phosphorus contributes to the development of TCs (1). It rarely causes a fever, and the underlying pathophysiology is unclear (2). The fact that improved control of the Ca×P product value led to remission in this case suggests that the uptake of Ca and P may contribute to the inflammatory process.

The authors state that they have no Conflict of Interest (COI).

References

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