

[PICTURES IN CLINICAL MEDICINE]

Multijoint Pain and Pulmonary Calcification with Long-term Hemodialysis

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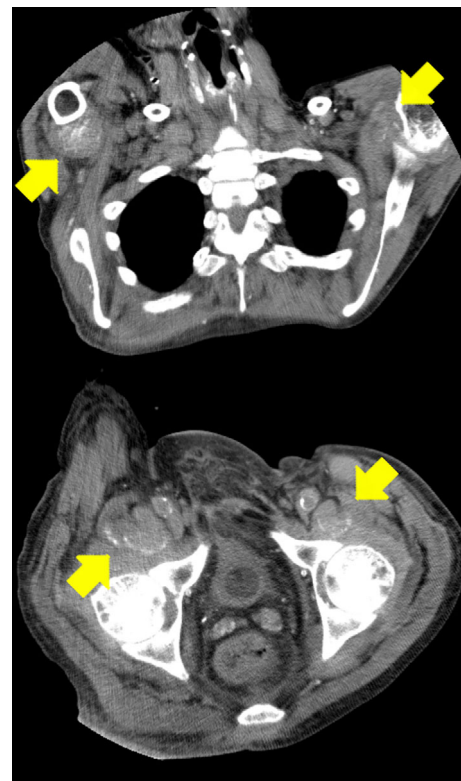
Key words: metastatic pulmonary calcification, hemodialysis-related amyloidosis, beta2-microglobulin, high-flux biocompatible membrane

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Picture 1.



Picture 2.

A 66-year-old man who had been on hemodialysis for 35 years was admitted to our hospital due to severe multi-joint pain and contractures. He had been taking alfacalcidol (0.25 µg/day) and calcium carbonate (3 g/day) and had a history of bilateral carpal tunnel syndrome. A laboratory examination showed hypercalcemia (12.3 mg/dL), hyperphosphotemia (5.6 mg/dL), and hyperbeta2-microglobulinemia (34.8 mg/L). Computed tomography revealed diffuse bilateral lung centrilobular ground glass opacity (Picture 1) and a mass near the coxae and glenohumeral joints (Picture 2). Metastatic pulmonary calcification (MPC) and dialysis-related amyloidosis (DRA) were diagnosed based on the history and imaging findings. MPC can progress to respiratory failure that leads to death. In this case, we considered the cause of MPC to be alfacalcidol, calcium carbonate, and long-term hemodialysis. The adequate control of electrolytes and high-flux biocompatible membranes may provide expeditious

treatment for patients with DRA and MPC (1).

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

Reference

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