

Introduction:

- ❖ Calciophylaxis, or calcific uremic arteriolopathy, is a relatively rare disorder with high morbidity and mortality therefore early diagnosis is critical.
- ❖ Typically presents in patients with end-stage renal disease.
- ❖ Risk factors for Calciophylaxis:
 - Female
 - Obesity
 - liver disease
 - Hyperphosphatemia
 - End stage renal disease
- ❖ The case discussed demonstrates a unique presentation of a patient who subsequently developed calciophylaxis after acute renal failure due to bladder outlet obstruction.

Case History:

A 61-year-old male with past medical history of alcohol use disorder and untreated hypertension presented to the hospital as advised by his primary care physician after being seen for general malaise and being found to have an elevated creatinine level of 13.66. He was diagnosed with acute renal failure due to bladder outlet obstruction and hydronephrosis. Urinary catheter was placed, and creatinine trended down to 5.67 at discharge. The patient presented 1 week later to his primary care provider with ulcers on bilateral anterior shins. Follow-up appointment 1 week subsequently, the ulcers had turned into eschars. Due to suspicion for calciophylaxis, he was urgently referred to nephrology who confirmed and immediately started patient on sodium thiosulfate and hemodialysis.

Differential Diagnosis:

- Venous stasis Ulcer
- Arterial Insufficiency
 - Cellulitis
 - Vasculitis
- Calciophylaxis

Physical Exam:



Final Diagnosis:

Calciophylaxis

Discussion:

- ❖ This case study serves to bring awareness that calciophylaxis can occur after acute renal failure and early diagnosis and treatment can improve outcomes.
- ❖ Calciophylaxis is commonly misdiagnosed especially in those without end stage renal disease.
- ❖ Mortality rate is 46% at 1 year. Early recognition and treatment likely contributed to this patient's positive outcome as sodium thiosulfate was started and resolution occurred.

Outcome/Follow Up:

Patient was on sodium thiosulfate for 2 months with complete resolution of the eschars/ulcers by 6 months after diagnosis. Eleven months after diagnosis, patient is still alive on continued hemodialysis.

References:

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