Images in Clinical Rheumatology

Superinfected Calcinosi s Cutis as a Presentation of a Limited Form Systemic Sclerosis

Calcinosi s cutis sobreinfectada como presentación de esclerosis sistémica forma limitada

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A R T I C L E   I N F O

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Clinical Case

The patient was an 83-year-old woman who complained of rapidly progressive cellulitis in both lower limbs. On physical examination edema of both legs stony of a hard consistency, erythema and ulcers with white exudation areas was seen, along with facial and necktie telangiectasias, sclerodactyly and facial skin sclerosis.

Diagnosis and Progression

With a suspected diagnosis of limited systemic sclerosis with secondary calcinosi s, X-rays of the lower limbs were performed, which showed deposition of calcium in the subcutaneous tissue (Fig. 1). Blood tests showed positive antinuclear antibodies 1/1280 with anticentromere positivity. The patient also had mild-moderate stable renal insufficiency (creatinine 1.23 mg/dl), with a 24 h urinalysis that showed a creatinine clearance of 46 ml/min and ruled out the existence of proteinuria. The patient complained of pyrosis and dysphagia; given her general condition, and in the absence of an alternative diagnosis, it was assumed that the digestive and renal affections were secondary to the underlying condition. The patient received parenteral treatment with amoxicillin/clavulanic acid, with improvement of ulcers and disappearance of erythema and the local discharge.

Discussion

Calcinosis cutis in its dystrophic variant is a common manifestation of autoimmune diseases such as systemic sclerosis, especially in its limited form, which is belatedly present in up to 25% of cases. Anti-centromere antibodies are characteristic of this variety of sclerosis, being more frequent in elderly patients.

Subcutaneous deposits of calcium hydroxyapatite are responsible for decreasing the thickness and resistance of the skin, with
frequent ulcers. Bacterial superinfection is a relatively common phenomenon that affects the local prognosis and which always has to be a differential diagnosis in case of an unfavorable progression.

**Ethical Responsibilities**

**Protection of people and animals.** The authors declare that no experiments have been performed on humans or animals.

**Data confidentiality.** The authors declare that they have followed the protocols of their workplace regarding the publication of data from patients and that all patients included in the study have received sufficient information and have given their written informed consent to participate in the study.

**Right to privacy and informed consent.** The authors have obtained informed consent from patients and/or subjects referred to in the article. This document is in the possession of the corresponding author.

**Conflict of Interest**

The authors declare no conflicts of interest.

**References**