

## Images in Clinical Rheumatology

### Superinfected Calcinosis Cutis as a Presentation of a Limited Form Systemic Sclerosis<sup>☆</sup>

#### Calcinosis cutis sobreinfectada como presentación de esclerosis sistémica forma limitada

Joaquín Bernardo Cofiño,<sup>a,\*</sup> Luis Trapiella Martínez<sup>b</sup>

<sup>a</sup> Servicio de Medicina Internas, Hospital Carmen y Severo Ochoa, Asturias, Spain

<sup>b</sup> Servicio de Medicina Interna, Hospital de Cabueñes, Asturias, Spain

#### ARTICLE INFO

##### Article history:

Received 14 February 2013

Accepted 3 July 2013

#### 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 neckline telangiectasias, sclerodactyly and facial skin sclerosis.

#### Diagnosis and Progression

With a suspected diagnosis of limited systemic sclerosis with secondary calcinosis, 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 affectations 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.



Fig. 1. Plain X-ray of the left lower extremity, showing calcifications in the subcutaneous tissue.

#### Discussion

Calcinosis cutis in its dystrophic variant is a common manifestation of autoimmune diseases such as systemic sclerosis,<sup>1</sup> especially in its limited form, which is belatedly present in up to 25% of cases.<sup>2</sup> Anti-centromere antibodies are characteristic of this variety of sclerosis, being more frequent in elderly patients.<sup>3</sup>

Subcutaneous deposits of calcium hydroxyapatite are responsible for decreasing the thickness and resistance of the skin, with

<sup>☆</sup> Please cite this article as: Bernardo Cofiño, J, Trapiella Martínez L. Calcinosis cutis sobreinfectada como presentación de esclerosis sistémica forma limitada. Reumatol Clin. 2014;10:187–188.

\* Corresponding author.

E-mail address: joaquin.bercof@gmail.com (J. Bernardo Cofiño).

frequent<sup>4</sup> ulcers. Bacterial superinfection is a relatively common phenomenon that affects the local prognosis<sup>5</sup> 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**

1. Boulman N, Slobodin G, Rozenbaum M, Rosner I. Calcinosis in rheumatic diseases. *Semin Arthritis Rheum.* 2005;34:805–12.
2. Gutierrez A, Wetter DA. Calcinosis cutis in autoimmune connective tissue diseases. *Dermatol Ther.* 2012;25:195–206.
3. Steen VD. The many faces of scleroderma. *Rheum Dis Clin N Am.* 2008;34:1–15.
4. Nitsche A. Raynaud, úlceras digitales y calcinosis en esclerodermia. *Reumatol Clin.* 2012;8:270–7.
5. Bussone G, Berezné A, Mouthon L. Complications infectieuses de la sclérodémie systémique. *Presse Med.* 2009;38:291–302.