Uremic Tumoral Calcinosis Resolved by Improvements in Hyperphosphatemia

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Picture 1.

Picture 2.

A 62-year-old man receiving hemodialysis due to diabetic nephropathy for 10 years presented with subcutaneous nodules on his right elbow (noticed 1 year prior, enlarged, and accompanied with pain). X-ray revealed multiple lobulated calcifications (Picture 1). Similar smaller masses were observed on his left elbow and both first metacarpophalangeal joints. Although multiple non-calcium-based phosphate binders and cinacalcet were formulated, significantly elevated phosphorus levels (13.4 mg/dL) were observed with normal calcium levels (9.1 mg/dL) and mild hyperparathyroidism (intact parathyroid hormone, 150 pg/mL). After six months, he was admitted for buttocks pyoderma, and his drug compliance and diet therapy improved. Three months later, his phosphorus levels were reduced (3.6 mg/dL), with calcium

9.7 mg/dL, intact parathyroid hormone 31 mg/dL, and a remarkable reduction in calcifications (Picture 2). Uremic tumoral calcinosis occurs with marked phosphorus elevation (1). It is difficult to treat, and several treatments, such as sodium thiosulphate, have been proposed (2). However, this case was resolved only by improving his hyperphosphatemia.

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

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