A 56-year-old woman presented with long-standing pain in both knees. She had been suffering from Raynaud’s phenomenon for 10 years. A physical examination showed hard subcutaneous nodules on the extensor surfaces of both knees and elbows (Picture 1: left elbow and right knee) with sclerodactyly and telangieclagia in both hands. The C-reactive protein level was normal (0.08 mg/dL, normal < 0.3), anticentromere antibody was positive (100.9 U/mL, normal <7.0) and other autoantibodies were negative. A diagnosis of limited cutaneous systemic sclerosis (lcSSc) was made. Posteroanterior radiographs revealed severe calcinosis in the left elbow and right knee (Picture 2). Calcinosis mainly consists of cutaneous deposits of hydroxyapatite and is found in about 40% of patients with SSc (1). The lesions are commonly located in pressure areas, such as extensor surfaces. Physicians should be alert to presence of calcinosis on a physical examination of patients with SSc because it can lead to significant disability, ulceration of the skin, and infection.

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

Reference