

Introduction

- Historically, ischemic skin necrosis has been a cause of high morbidity and mortality.
- Thrombotic vasculopathy syndromes, calciphylaxis, septic or cholesterol emboli, and cutaneous vasculitis are the conditions that commonly lead to this potentially lethal disorder.



Image showing areas of necrosis in the inner thighs

Case Presentation

- 75-year-old female with a history of metastatic breast cancer presenting with purple skin lesions in the inner thighs. She was initially treated with cephalexin for presumptive cellulitis.
- PET scan did not show metabolic activity in the areas of the skin affected.
- The initial biopsy was suggestive of vasculitis. Steroid therapy was initiated; however, lesions continued to progress; they became necrotic and were exquisitely tender.
- The patient was admitted to the hospital, a deep biopsy was performed to look for calciphylaxis; while awaiting biopsy, she was started on sodium thiosulfate.
- The patient subsequently developed septic shock and MRSA bacteremia.
- Biopsy resulting in ulceration with a profound acute inflammatory reaction involving the dermis and subcutaneous tissue associated with significant vascular congestion and subcutaneous thrombotic vasculopathy raising the possibility of early calciphylaxis.

Conclusion

Calciphylaxis is traditionally an entity related to end-stage renal disease (ESRD) and hemodialysis patients. However, it can also appear in non-uremic states as in our patient. Therefore, risk factors, clinical features, laboratory abnormalities still need to be studied in detail to help further understanding the pathophysiology of this entity. Although extremely rare, calciphylaxis should be in the differential when evaluating patients with skin lesions, even in the absence of ESRD.

References

- Gomes F, La Feria P, Costa C, Santos R. Non-Uremic Calciphylaxis: A Rare Diagnosis with Limited Therapeutic Strategies. *Eur J Case Rep Intern Med*. 2018;5(12):000986. Published 2018 Dec 27. doi:10.12890/2018_000986