

# Tumoral calcinosis of buttock in a patient with end stage kidney disease on haemodialysis

Ashik Hayat<sup>1,2\*</sup>

<sup>1</sup>Department of Nephrology, Taranaki Base Hospital, New Zealand

<sup>2</sup>Department of Medicine, University of Auckland, New Zealand

## Clinical Image

Patients with End-stage Kidney Disease (ESKD) on renal replacement therapy (RRT) are at high risk of extrasosseous metastatic calcifications at multiple sites, which includes widespread arterial calcification, cardiac valvular calcification, and soft tissues calcium deposits. Tumoral calcinosis (TC) and calciphylaxis are two dreaded consequences of metastatic soft tissues calcium phosphate complex deposits in patients with ESKD with very poor outcome [1].

A 71-year-old female patient with ESKD secondary to systemic sclerosis on hemodialysis (HD) for last four years, presents with progressively increasing soft tissue swellings involving, both her buttocks over last one year. The swellings were non-tender and firm in consistency. Her X- rays revealed TC in both her buttocks and upper thigh, showing marked progression since the last study done 6 months prior. Vascular calcification was also noted in the pelvis [2] (Figure 1).



**Figure 1.** Subcutaneous calcifications in patient with end stage kidney disease on dialysis with tertiary hyperparathyroidism

She is on 4 hours 3 times a week HD with dialysis clearance within the target range. Her serum calcium was 2.8 mmol/L, serum phosphate of 2 mmol/L and parathyroid hormone level of 60-90 pmol/L. She did not improve with treatment with phosphate binders; Vitamin D. There were no improvements in the swellings with further treatment with sodium thiosulfate and Cinacalcet and aggressive dialysis. Parathyroidectomy was declined in view of high surgical risk [3].

## References

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**\*Correspondence to:** Ashik Hayat, Department of Nephrology Taranaki Base Hospital, New Zealand, E-mail: ashik.hayat@tdhb.org.nz

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