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Images in Clinical Rheumatology

Calcinosis Universalis in Adult-onset Dermatomyositis[☆]



Calcinosis *universalis* en paciente con dermatomiositis

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The patient was a 71-year-old woman with a history of breast cancer for which she was treated in 2000, and of dermatomyositis (DM) since 1982, which remained stable as her underlying disease with immunosuppressive therapy (prednisone at 10 mg/day,

azathioprine, hydroxychloroquine), colchicine and bisphosphonates. She was referred to our department with fever that had developed 3 days earlier, with no clear site of infection. As cutaneous manifestations, aside from lesions compatible with Gottron's



Fig. 1. Calcinosis universalis in abdomen and pelvis.

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Fig. 2. Calcinosis in thighs with intramuscular calcification proximal to the distal insertion of the vastus medialis. Intramedullary nail secondary to femoral fracture.

papules on upper extremities, the patient presented with “calcinosis cutis” consisting of scattered nodules and plaques, some ulcerated and suppurating in both gluteal regions and on right elbow. Specimens were taken to culture the exudate. *Streptococcus mitis* and *Escherichia coli* were isolated. As both are sensitive to ciprofloxacin, antibiotic therapy was initiated immediately, and there was a significant clinical improvement. Plain radiography revealed calcinosis universalis in abdomen (Fig. 1), pelvis and thighs, with intramuscular calcification proximal to the distal insertion of vastus medialis (Fig. 2) and generalized osteopenia.

The calcification of soft tissue in DM is more common in long-standing diseases, especially in the juvenile form (JDM), in which it is 3-fold more frequent than in adult-onset DM.^{1,2} It is correlated with the severity of the disease, as well as with the presence of

vascular disease and delays in or refractoriness to treatment of the underlying DM.^{3,4}

Calcium deposits usually appear in the form of subcutaneous nodules with a predilection for regions subjected to repeated microtrauma (elbows, knees and buttocks), and intramuscular and fascial calcifications are less frequent.⁵ The most common complications are suppuration of the calcific material and colonization by microorganisms and superinfection of the nodules.⁶

Ethical Disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Conflicts of Interest

The authors declare they have no conflicts of interest.

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