

Short Report

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A rare presentation of extensive calcinosis of left thigh in systemic sclerosis

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Description

A 57-year-old female with past medical history of limited cutaneous systemic sclerosis, hypertension, depression, GERD presented with pain, swelling, and drainage of left thigh for few weeks. Her history was significant for recurrent calcinosis in hands, which was treated surgically.

Examination revealed extensive swelling with warmth of the left thigh compared to the right thigh. Radiography of the femur showed large area of tumoral calcinosis overlying left femur. She had a biopsy and partial excision of calcinosis; however, complete excision was not possible because of extensive calcinosis with involvement of femur. Histopathology confirmed the diagnosis of calcinosis. This case highlights the extensive calcinosis associated with systemic sclerosis. Although calcinosis is common in the systemic sclerosis, this degree of extensive calcinosis is uncommon and often challenging to manage. Management usually involves treatment of underlying autoimmune disease. She was on mycophenolate for treatment of systemic sclerosis. There is limited evidence on therapies for calcinosis, hence the optimal management approach is

uncertain. She was treated with iv pamidronate and IVIG as adjunct therapy for calcinosis in hospital. She reported significant improvement of swelling and pain in the left thigh, however, was not able to continue pamidronate and IVIG due to insurance issues.



Figure 1: Clinical image.

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