Bone & Mineral Metabolism

PSAT186

Iatrogenic Calcinosis Cutis in a Patient With Postsurgical Hypoparathyroidism
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Clinical Case: A 44-year old woman, diagnosed with postsurgical hypoparathyroidism after total thyroidectomy for papillary thyroid carcinoma, was admitted for symptomatic hypocalcemia. On admission, she had positive Trousseau’s and Chvostek’s signs, carpopedal spasm and prolonged QT interval on ECG. She had an initial serum ionized calcium of 0.70 mmol/L (RI: 1.09-1.30). Serum phosphorus was also elevated at 5.8 mg/dL (RI: 2.6-4.7). She was given 2 grams of calcium gluconate via slow IV push and was hooked to calcium gluconate drip, 4 grams in 250 cc D5W to run for 8 hours In less than 24 hours, she developed thrombophlebitis on her right hand, hence the drip was shifted to the left hand. The new IV site also developed phlebitis, necessitating transfer to the right antecubital area. The areas of phlebitis were managed with cold compress, pain relievers, topical antibiotics overlapped with oral antibiotics. She continued receiving calcium gluconate IV drips overlapped with calcium and calcitriol tablets until her serum calcium level normalized. She was discharged stable and improved after 4 days but still with erythema over her previous IV sites. However, 3 weeks after discharge, she developed yellowish erythematous plaques and nodules over her previous IV sites. She consulted with a dermatologist who did a skin punch biopsy showing a granulomatous dermatitis, foreign body type, which confirmed the diagnosis of iatrogenic calcinosis cutis. She was treated with pulse dye laser and intra-lesional triamcinolone, oral antibiotics and pain medications. At present, she still has pain, tenderness, with limitation of movement on both hands. She was referred to a plastic surgeon where she was advised to undergo a total of 3 surgeries over a span of 3-6 months. These would involve the placement of tissue expanders, harvesting of flaps, removal of lesions and reconstruction of scars plus hand rehabilitation after the surgeries. Conclusion: Iatrogenic calcinosis cutis is a rare complication from extravasation of calcium-containing solutions during intravenous calcium correction. It appears 2-3 weeks after extravasation and has no definitive treatment. In other case reports, it can be managed conservatively but some may require reconstructive surgery. Prevention of extravasation is the only way to avoid this rare and debilitating condition.


Presentation: Saturday, June 11, 2022 1:00 p.m. - 3:00 p.m.