A Case Report: Tumoral Calcinosis over Left Thigh

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INTRODUCTION:

Tumoral calcinosis is a rare, hereditary metabolic dysfunction of phosphate regulation associated with development of massive periarticular calcinosis in the extra-capsular soft tissues.

REPORT:

A 31-year-old gentleman, underlying end stage renal failure (ESRF) secondary to IgA nephropathy presented with left thigh swelling for 3 months which gradually increased in size, associated with loss of appetite and loss of weight.

Examination noted swelling over anterolateral aspect of proximal left thigh measuring 10x11cm, no skin changes, hard, not mobile, not tender (Figure 1).

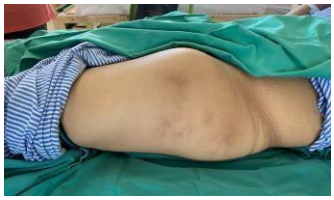

Figure 1 Proximal left thigh swelling

X-Ray revealed sclerotic lesion over left greater trochanter. MRI showed uremic tumoral calcinosis of lateral upper thigh involving proximal iliotibial band bursa with admixture of hematoma. HPE from core needle biopsy showed muscle tissue with mature adipocytes and areas of fibrocollagenous tissue with minimal inflammatory cells. No atypical or malignant cells seen.

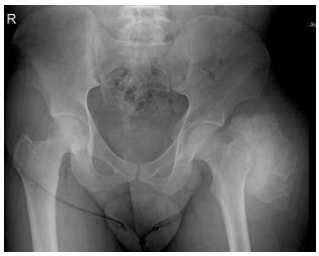

Figure 2: Sclerotic lesion at left greater trochanter

He underwent wide local excision over left thigh. HPE sample showed intramuscular haematoma containing microcalcifications, no malignant tumour.

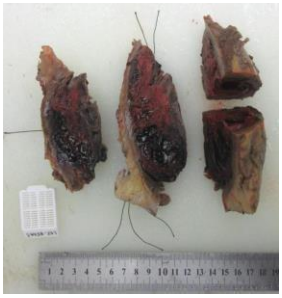

Figure 3: Excised tissue for HPE

Tumoral calcinosis is a rare locally benign but aggressive disorder with an obscure etiology characterized by massive extra-articular soft tissue deposition of calcium phosphate. It has a high recurrence rate warrants repeated excision. Therefore, wide local excision of the tumoral calcinosis may reduce the risk of recurrence. Besides, medical treatment includes calcium and phosphorus restricted diets, dialysates, and phosphate binders can be advocated in these patients to prevent recurrence.

CONCLUSION:

Tumoral calcinosis is an uncommon ectopic calcification syndrome commonly occur in ESRF patients. Excision of tumor is vital to prevent recurrence.

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