

Calcific Myonecrosis: A Rare Phenomenon But Latent Risk

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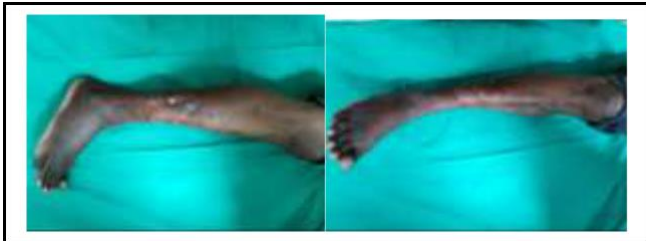
INTRODUCTION:

Calcific myonecrosis is a rare condition characterized by dystrophic calcification of tissue. It is slowly enlarging, non-tender mass, and typically reported in lower limb. First described in 1960, it believed as result from posttraumatic ischemia and degeneration of the muscle.

REPORT:

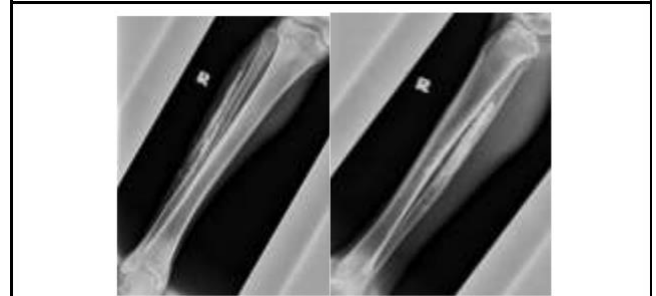
A 58-year-old male with underlying diabetes mellitus and hypertension complained of right leg swelling for the past 1 month. The swelling progressively increased in size until he experienced pain and pus discharge. He was given oral antibiotics for 1 week by general practitioner but not resolved.

Upon presentation to us, noted swelling at lateral side of the leg with sinus and pus discharge .an indurated area palpated along the lateral side of the leg with erythematous skin surrounding the sinus.



He recalled a history of snake bite at the age of 13, which led to hospital admission due to swelling. No further surgery was performed at the time. He later developed ankle stiffness due to inability to dorsiflex the joint. however No further treatment was sought.

Infective markers were taken; however not elevated. Plain radiographs revealed a linear dystrophic calcification, with minimal fibula periosteal reaction. CT scan reported the anterior compartment muscles of the right leg were small with thick coarse dystrophic calcifications within the muscle bulk. An MRI was conducted, no malignancy was reported, but suggest an infection around the sinus region.



The patient then underwent wound debridement and drainage. Culture sent was positive for organism, and antibiotic coverage was provided for 6 weeks.

DISCUSSION:

The pathophysiology commonly associated with injury to the muscle mass causes degeneration and necrosis, and later calcified. it can present as delayed local infection and often presented with foot drop and ankle stiffness due to injury to surrounding structure, including common peroneal nerve.

Malignant transformation hasn't been reported. Most cases presented treated well with debridement and en bloc excision surgery, followed by 6 weeks of antibiotic. conservative treatment is often complicated with recurrent infection and delayed healing.

CONCLUSION:

We present a rare disorder occurring as a late clinical sequela of traumatic event. With the aid of imaging and histopathology, we can identify and properly treat complications when they occur.

REFERENCES:

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