

RESOLUTION OF CALCIPHYLAXIS AFTER SUCCESSFUL KIDNEY TRANSPLANTATION

Ahsan Ullah¹, Prabir Roy-Chaudhury¹, Gautham Mogilishetty¹, E. Steve Woodle², Amit Govil¹

¹Division of Nephrology and Hypertension and ²Transplant Surgery, University of Cincinnati Med. Ctr., Cincinnati, OH

Calciophylaxis (calcific uremic arteriolopathy) is a devastating complication of ESRD on renal replacement therapy (RRT) and associated with high mortality and morbidity. No definitive treatment is available. Here we describe a case with resolution of calciophylaxis after successful kidney transplant.

A 60 year old African-American female with ESRD secondary to HTN on RRT for 3 years developed tender lesion in her buttock and thigh area. The first lesion was on her left buttock as a small palpable tender lesion and slowly grew to about 4 cm in diameter with violaceous overlying skin. Similar lesions appeared in her other side of the buttock and bilateral thighs (total 6 lesions). Her lesions were assessed by a nephrologist and a dermatologist and clinically concluded as calciophylaxis. Her PTH was elevated (432-776) with average phosphorus 6.2 and corrected calcium 9.7. Biopsy of the lesion was not performed. Patient underwent deceased donor kidney transplantation 2 months after her initial lesion. Her induction therapy consisted of thymoglobulin, steroid and mycophenolate and maintenance therapy included tacrolimus and mycophenolate. Soon after transplantation her all lesions began to regress and disappeared after 6 months from her transplantation.

Kidney transplantation with replacement of renal function could be a potential treatment of calciophylaxis.