Images in Clinical Rheumatology

Calcinosis Universalis in Adult-onset Dermatomyositis

Calcinosis universalis en paciente con dermatomiositis

Marta Novella Navarro, Maria del Mar Muñoz Gómez, Juan Salvatierra Ossorio

Servicio de Reumatología, Complejo Hospitalario Universitario de Granada, Granada, Spain

**A R T I C L E   I N F O**

Article history:
Received 2 April 2016
Accepted 26 May 2016
Available online 14 July 2017

The patient was a 71-year-old woman with a history of breast cancer for which she was treated in 2000, and of dermatomyositis (DM) since 1982, which remained stable as her underlying disease with immunosuppressive therapy (prednisone at 10 mg/day, azathioprine, hydroxychloroquine), colchicine and bisphosphonates. She was referred to our department with fever that had developed 3 days earlier, with no clear site of infection. As cutaneous manifestations, aside from lesions compatible with Gottron's

**Fig. 1.** Calcinosis universalis in abdomen and pelvis.


* Corresponding author.
E-mail address: mnovellanavarro@gmail.com (M. Novella Navarro).

2173-5743/© 2016 Elsevier España, S.L.U. and Sociedad Española de Reumatología y Colegio Mexicano de Reumatología. All rights reserved.
papules on upper extremities, the patient presented with “calcino-
sosis cutis” consisting of scattered nodules and plaques, some
ulcerated and suppurating in both gluteal regions and on right
ear. Specimens were taken to culture the exudate. Streptococ-
cus mitis and Escherichia coli were isolated. As both are sensitive
to ciprofloxacin, antibiotic therapy was initiated immediately, and
there was a significant clinical improvement. Plain radiography
revealed calcinosis universalis in abdomen (Fig. 1), pelvis and
thighs, with intramuscular calcification proximal to the distal in-
sertion of vastus medialis (Fig. 2) and generalized osteopenia.

The calcification of soft tissue in DM is more common in long-
standing diseases, especially in the juvenile form (JDM), in which
it is 3-fold more frequent than in adult-onset DM.1–3 It is correlated
with the severity of the disease, as well as with the presence of
vascular disease and delays in or refractoriness to treatment of the
underlying DM.3,4

Calcium deposits usually appear in the form of subcutaneous
nodules with a predilection for regions subjected to repeated
microtrauma (elbows, knees and buttocks), and intramuscular and
fascial calcifications are less frequent.5 The most common compli-
cations are suppuration of the calcific material and colonization by
microorganisms and superinfection of the nodules.6

**Ethical Disclosures**

**Protection of human and animal subjects.** The authors declare
that no experiments were performed on humans or animals for
this study.

**Confidentiality of data.** The authors declare that they have fol-
lowed the protocols of their work center on the publication of
patient data.

**Right to privacy and informed consent.** The authors declare that
no patient data appear in this article.

**Conflicts of Interest**

The authors declare they have no conflicts of interest.

**References**

.org/10.1136/bcr-2015-211142, pii: bcr2015211142.
4. Pérez-Pampín E, Campos-Franco J, Blanco-Rodríguez J, Mera-Varela A. Calcino-
sosis cutis en una paciente con lupus eritematoso sistémico. Reumatol Clin.
plications in polymyositis and dermatomyositis: a series of 279 patients. Semin