Images in Clinical Rheumatology

**Calciosis Universalis in Adult-onset Dermatomyositis**

Calciosis *universalis* en paciente con dermatomiositis

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

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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.** Calciosis *universalis* in abdomen and pelvis.

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papules on upper extremities, the patient presented with “calcinosi
cutis” consisting of scattered nodules and plaques, some ulcerated and suppurring in both gluteal regions and on right
elbow. 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 calcinosi universalis in abdomen (Fig. 1), pelvis and
thighs, with intramuscular calcification proximal to the distal
insertion 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.1,2 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 complica-
tions 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.

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