

Symmetrical onset of large tumoral calcinosis on the bilateral lumbar regions

Nobuyuki Kikuchi*, Mikio Ohtsuka and Toshiyuki Yamamoto

*Department of Dermatology, Fukushima Medical University, Fukushima, Japan

Received April 24, 2015; Accepted May 23, 2015; Published May 30, 2015

TO THE EDITOR,

Tumoral calcinosis is a rare type calcification included in calcinosis cutis, and classified as idiopathic, familial, or secondarily seen in association with several diseases such as chronic renal failure, hyperparathyroidism, and milk alkali syndrome. We herein describe a case of large tumoral calcinosis, which involved bilateral abdomen.

A 58-year-old female visited our department, complaining of hard subcutaneous mass on the bilateral abdomen, which appeared one year previously. She had a past history of oophorocystectomy. Physical examination showed 5x4 cm and 3x2 cm sized firm subcutaneous mass on the bilateral lumbar regions (Figure 1a, b). Laboratory data on complete blood count and blood chemistry including liver and renal function showed normal ranges. X ray examination showed calcification over the bilateral ilium (Figure 2). Histological features showed calcified mass in the lower dermis to subcutaneous tissues, which were positive for von Kossa stain (Figure 3).

Our case developed subcutaneous calcified nodule on the bilateral side of lumbar regions, without underlying systemic disorders. Results of blood chemistry including serum calcium level were normal. Thus, we concluded our case as idiopathic type; however, to date, there have been reported some cases presenting with large masses over 5-cm in Japan since 1990 [1-5]. By contrast, cases of bilateral onset are rare. Our case developed large mass within one year. Rapid development of tumoral calcinosis is occasionally seen, and Aozasa et al. [6] reported an unusual rapid development within 2 weeks. Mechanical stimuli may be a triggering factor, as well as tissue hypoxia and hypovascularity [7].

Treatment for calcinosis cutis is surgical excision, and warfarin, colchicine, probenecid, bisphosphonate, diltiazem, and minocyclin may be options, however, in cases of large mass, total resection is difficult and incomplete resection may result in local recurrence. Because of the large size of

tumors and lack of pain, our patient did not wish surgical treatment.

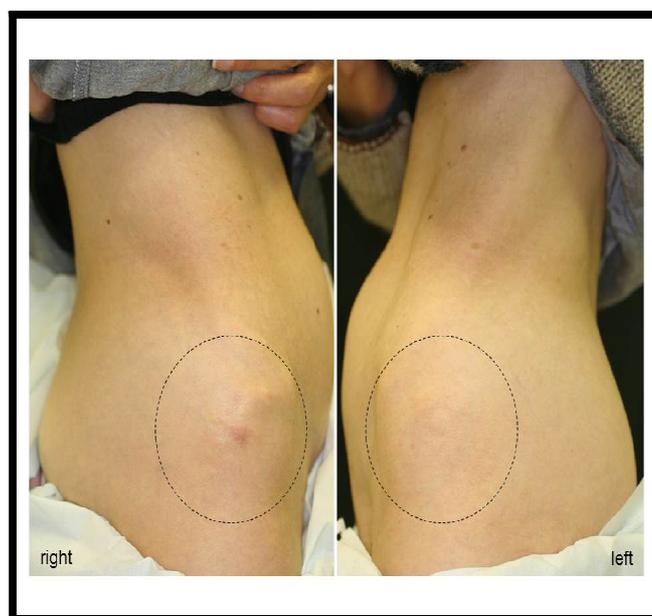


Figure 1. Clinical appearances showing bilateral firm mass (indicated by dotted line).

Corresponding author: N. Kikuchi, Department of Dermatology, Fukushima Medical University, Hikarigaoka 1, Fukushima 960-1295, Japan
E-mail: nobuyuk@fmu.ac.jp

Citation: Kikuchi N, Ohtsuka M & Yamamoto T (2015) Efficacy Symmetrical onset of large tumoral calcinosis on the bilateral lumbar regions. *Dermatol Clin Res*, 1(1): 23-25

Copyright: ©2015 Kikuchi N, Ohtsuka M & Yamamoto T. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



Figure 2. X-ray reveals calcification (arrow).

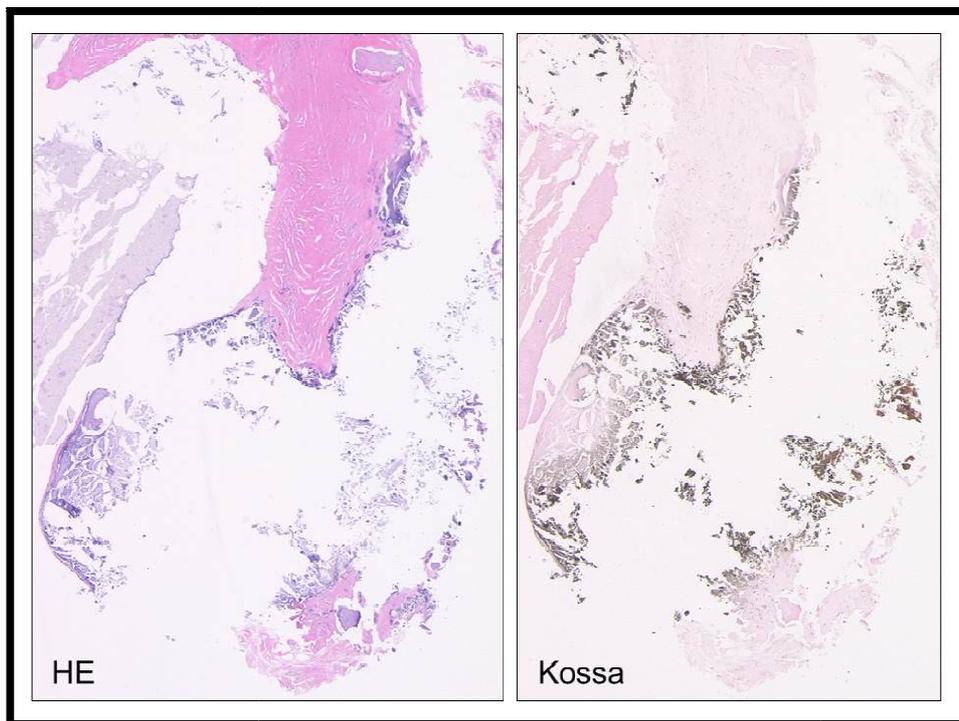


Figure 3. Histological features showing calcification.

REFERENCES

1. Adachi T, Kobayashi M, Fujita M, et al. (1991) A case of tumoral calcinosis. *HifuRinsho* 33: 907-911 (in Japanese).
2. Ihn H, Abe M, Azuma Y, et al. (1992) A case of tumoral calcinosis. *HifuRinsho* 34: 1797-1801 (in Japanese).
3. Kimura T, Sarukawa M, Horiguchi D, Yonemura N (1998) A case of giant tumoral calcinosis in sacral region. *Rinsho Derma* 52: 931-933 (in Japanese).
4. Hayami M, Hayami M (2002) A case of tumoral calcinosis on the thigh. *Rinsho Derma* 56: 453-456 (in Japanese).
5. Takenaka Y, Hayashi N, Kawashima M (2010) A case of tumoral calcinosis on the right thigh. *Rinsho Derma* 64: 867-870 (in Japanese).
6. Aozasa N, Asano Y, Ashida R, et al. (2011) Systemic sclerosis with an unusual rapid development of huge calcinosis (tumoral calcinosis). *J Dermatol* 38: 836-838.
7. Boulman N, Slobodin G, Rozenbaum M, Rosner I (2005) Calcinosis in rheumatic diseases. *Semin Arthritis Rheum* 34: 805-812.