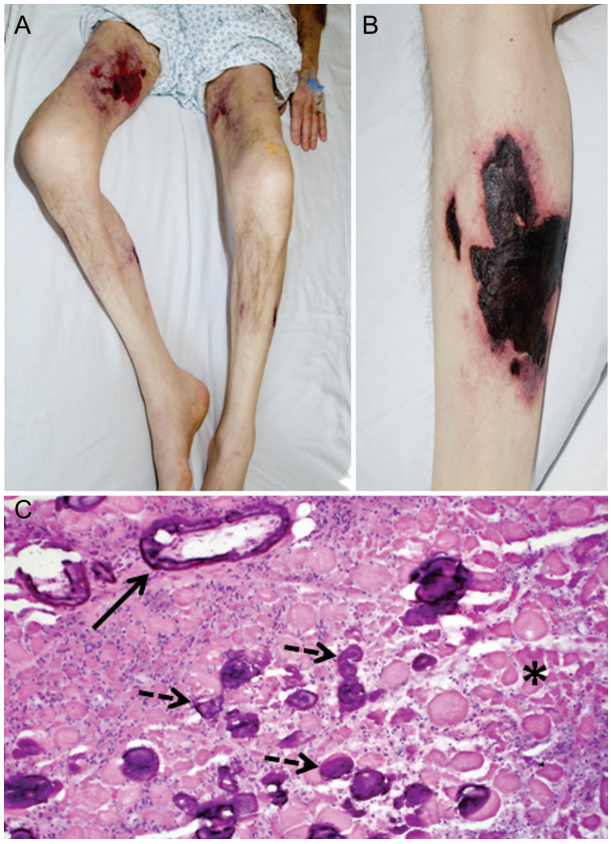
A rare complication of azotemic hyperparathyroidism

Ischemic calcific myopathy

Figure Clinical and pathologic findings in ischemic calcific myopathy



(A) Profound diffuse muscle atrophy with scattered ecchymoses. (B) Eschar-like lesions with surrounding erythema representing biopsy proven calciphylaxis. (C) Calcium deposition within muscle fibers (dashed arrows) and vessel walls (solid arrow), and multifocal infarcts evidenced by muscle fibers without nuclei (asterisk) (hematoxylin-eosin).

A 50-year-old man with metastatic parathyroid carcinoma and chronic renal insufficiency presented after 3 months of myalgias, progressive proximal muscle weakness and atrophy, and leg skin lesions resembling eschars (figure). Serum CK (556 U/L; normal 52–336) and parathyroid hormone (3,305 pg/mL; normal 15–50) levels were elevated; calcium was well-controlled on cinacalcet monotherapy. EMG demonstrated diffuse myopathy. Muscle biopsy revealed multifocal infarcts and calcium deposition primarily within vessel walls. Skin biopsy showed changes consistent with calciphylaxis. Steroids and plasma exchange provided no benefit. Ischemic calcific myopathy is rare[1,2] but should be considered in patients with proximal muscle weakness and uremic hypercalcemia.

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