Despite wound care, antibiotics, daily dialysis, calcitriol, sodium thiosulfate, warfarin replacement and subsequently total parathyroidectomy and hyperbaric oxygen therapy, infection worsened and the patient died following a stroke during hemodialysis.

Calciphylaxis is a rare ESRD complication with high mortality, and a possible etiology of benign breast masses. It is characterized by calcifications of dermal vessels and diffuse dermal thrombi causing skin ischemia. Due to impaired wound healing, invasive procedures should be considered carefully.

A 62-year-old female with end-stage renal disease (ESRD) on hemodialysis and atrial fibrillation under warfarin presented with strong bilateral mastodynia without palpable masses. Her mammography showed stromal and vascular calcifications (Fig. 1). Within three months, multiple painful subcutaneous nodules appeared sequentially in the breasts (Fig. 2) and abdomen whose histological results were inconclusive. An infected ulcer at the abdominal biopsy site led to the patient's hospitalization. Investigation revealed elevated phosphorus (4.9 mg/dL) and PTH (2284 pg/mL). Another skin biopsy confirmed calciphylaxis.

Despite wound care, antibiotics, daily dialysis, calcitriol, sodium thiosulfate, warfarin replacement and subsequently total parathyroidectomy and hyperbaric oxygen therapy, infection worsened and the patient died following a stroke during hemodialysis.

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REFERENCES