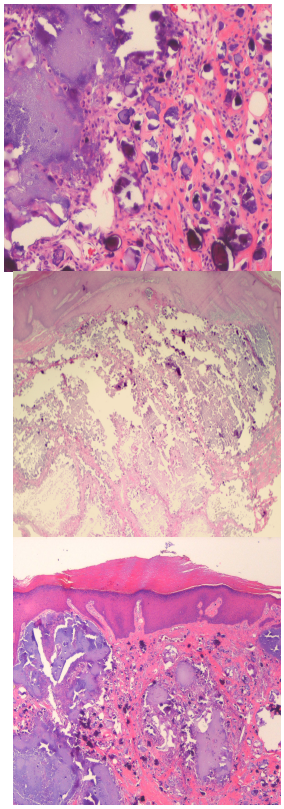

Calcinosis Cutis

There are four forms of calcinosis cutis: metastatic calcinosis cutis, dystrophic calcinosis cutis, idiopathic

□

Metastatic Calcinosis Cutis

Metastatic calcification develops as the result of hypercalcemia or hyperphosphatemia. Hypercalcemia r

and phosphorus from bone. The demineralization of bone causes both osteodystrophy and metastatic ca

Metastatic calcification most commonly affects the media of the arteries and the kidneys. In addition, oth

Metastatic calcification in the secondary disease is encountered in association with renal hyperparathyroidism , in urem

considerable size, are located mainly in the vicinity of the large joints . With an increase in size, the nodu

Calciphylaxis is a life-threatening condition in which there is progressive calcification of small-

Clinically, the lesions present as a panniculitis or vasculitis. Bullae, ulcerations, or a livedo reticularis-like

Instances of *cutaneous metastatic calcinosis* are rare. Most reports have concemed patients with ren

Mural calcification of arteries and arterioles in the deep dermis or subcutaneous tissue occurs rarely in p

hyperparathyroidism but somewhat more frequently in secondary hyperparathyroidism subsequent to re

Histopathology

. Calcium deposits are recognized easily in histologic sections, because they stai

In areas of infarctive necrosis, as a result of calcification of dermal or subcutaneous arteries or arterioles

The histologic changes in calciphylaxis include calcium deposits in the subcutis, chiefly within the walls o

It is particularly important that these findings be recognized in order that appropriate therapy, which often

□

Dystrophic Calcinosis Cutis

In dystrophic calcinosis cutis, the calcium is deposited in previously damaged tissue. The values for seru

Calcinosis universalis occurs as a rule in patients with dermatomyositis , but exceptionally it has also b

□

Calcinosis circumscripta

□ occurs as a rule in patients with systemic scleroderma; rarely, however, it may b

often referred to as the *Thibierge-Weissenbach syndrome* as the *CREST syndrome,* becaus

Lupus erythematosus is only rarely associated with dystrophic calcinosis cutis . In addition to occurring i

Histopathology.

As in metastatic calcinosis cutis, the calcium in dystrophic calcinosis cutis usuall

Idiopathic Calcinosis Cutis

Even though the underlying connective tissue disease in some instances of dystrophic calcinosis cutis m

One entity is regarded as a special manifestation of idiopathic calcinosis cutis: tumoral calcinosis. It cons

Histopathology .

□ Tumoral calcinosis shows in the subcutaneous tissue large masses of calcium s

Pathogenesis

. Two authors have studied lesions of idiopathic calcinosis cutis by electron micro

Idiopathic Calcinosis of the Scrotum

Idiopathic calcinosis of the scrotum consists of multiple asymptomatic nodules of the scrotal skin. The no

□

Histopathology

□ At one time, the accepted view was that some of the calcific masses in calcinosi

according to this view, calcinosis of the scrotum represents the end stage of dystrophic calcification of sc

Subepidermal Calcified Nodule

In subepidermal calcified nodule, also referred to as *cutaneous calcinoma*, usually a single small, raised, hard nodule is present. O

does not appear until adulthood . In most instances, the surface of the nodule is verrucous, but it may be

Pathogenesis. The primary event seems to be the formation of large, homogeneous masses that undergo calcification and break up into numerous calcified globules . The origin of the homogeneous masses is obscure. It is not likely that they originate from a specific preexisting structure, such as sweat ducts or nevus cells as has been assumed