

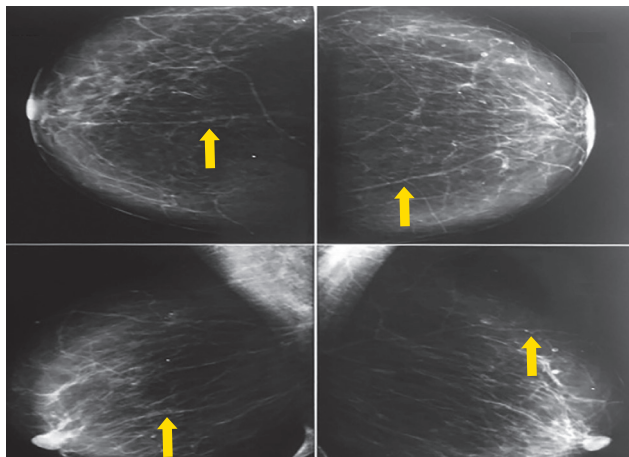
# Bilateral Mastodynia: An Unusual Presentation of Calciphylaxis

## Mastodinia Bilateral: Uma Apresentação Involgar de Calcifilaxia



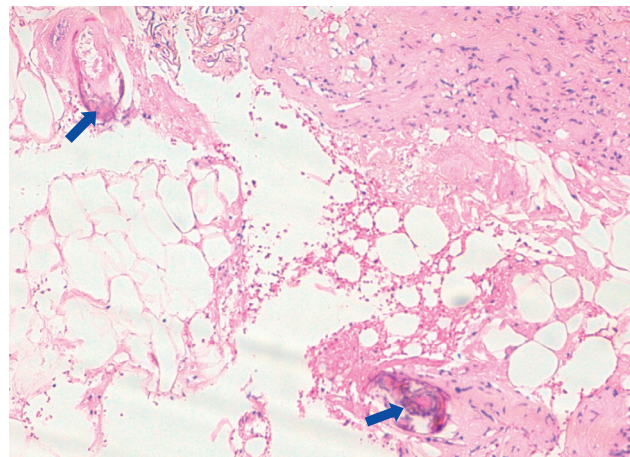
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**Palavras-chave:** Calcifilaxia; Diálise Renal; Insuficiência Renal Crónica; Mastodinia



**Figure 1** – Bilateral mammography showing stromal and vascular calcifications (arrows). No masses or microcalcifications were noted

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.



**Figure 2** – Bulging of the skin corresponding to stony and painful subcutaneous nodules in left breast (arrows)

Despite wound care, antibiotics, daily dialysis, cinacalcet, 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<sup>1</sup> ESRD' complication with high mortality,<sup>2</sup> and a possible etiology of benign breast masses.<sup>3</sup> It is characterized by calcifications of dermal vessels and diffuse dermal thrombi<sup>4</sup> causing skin ischemia.

Due to impaired wound healing,<sup>5</sup> invasive procedures should be considered carefully.

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**OBSERVATIONS:** The described case was presented, partially and before it was concluded, at the XVI Jornadas de Senologia, which took place at Braga on October 15, 2016.

**PROTECTION OF HUMANS AND ANIMALS:** The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association.

**DATA CONFIDENTIALITY:** The authors declare having followed the protocols in use at their working center regarding patients' data publication.

**INFORMED CONSENT:** Obtained.

**CONFLICTS OF INTEREST:** All authors report no conflict of interest.

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