Iatrogenic calcinosis cutis in a preterm infant

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Extravasation phlebitis over the right forearm of a preterm newborn persisted beyond 3 weeks of limb care. The initial swelling evolved into a firm, non-tender, non-erythematous induration. The newborn was born as a singleton preterm birth at 32 weeks of gestation with a birth weight of 2.1 Kg (81 percentile) due to antepartum hemorrhage in a primigravida mother. The chart review suggested intravenous calcium gluconate infusion at 80 mg/kg per day for 2 days because of low ionized calcium (0.70 mmol/L) and seizures on day 2 of life. The growing preterm newborn was supplemented with oral calcium phosphate and vitamin D in appropriate doses. A right forearm skiagram taken at 3 weeks of extravasation suggested focal subcutaneous calcification (Fig. 1A and B). An anecdotal diagnosis of calcium gluconate deposition is most evident. This iatrogenic variety of calcinosis cutis is diagnostic on a plain skiagram with the phlebitis injury over the forearm.

Conditions, such as idiopathic calcinosis cutis and subcutaneous fat necrosis with an aberrant calcium-phosphate metabolism, were excluded because lab reports were unremarkable for complete blood counts, liver function test, total calcium, phosphate, alkaline phosphatase, and vitamin D levels. Inflammatory markers were reassuring. The newborn was thriving well on exclusive breast feeds, and a complete spontaneous clinical resolution was seen over the next 6 weeks.

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Declaration of competing interest

The authors declare no conflict of interest.

References


Figure 1  Lateral (1A) and anteroposterior (1B) skiagram of the right forearm depicting linear bands, as well as scattered calcification underneath the skin along the subcutaneous planes, suggesting calcinosis cutis (red arrow).