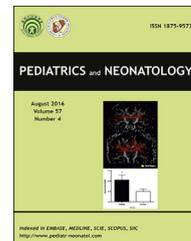


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## Images

# Iatrogenic calcinosis cutis in a preterm infant

Deepika Rustogi <sup>a,\*</sup>, Chetan Khare <sup>b</sup><sup>a</sup> Department of Paediatrics & Neonatology, Yashoda Superspeciality Hospital, Kaushambi, Ghaziabad UP, 201010, India<sup>b</sup> Department of Neonatology, AIIMS Bhopal, Madhya Pradesh, India

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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.<sup>1</sup> 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.<sup>2</sup> This iatrogenic variety of calcinosis cutis is diagnostic on a plain skiagram with the phlebitis injury over the forearm.<sup>2-4</sup>

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.

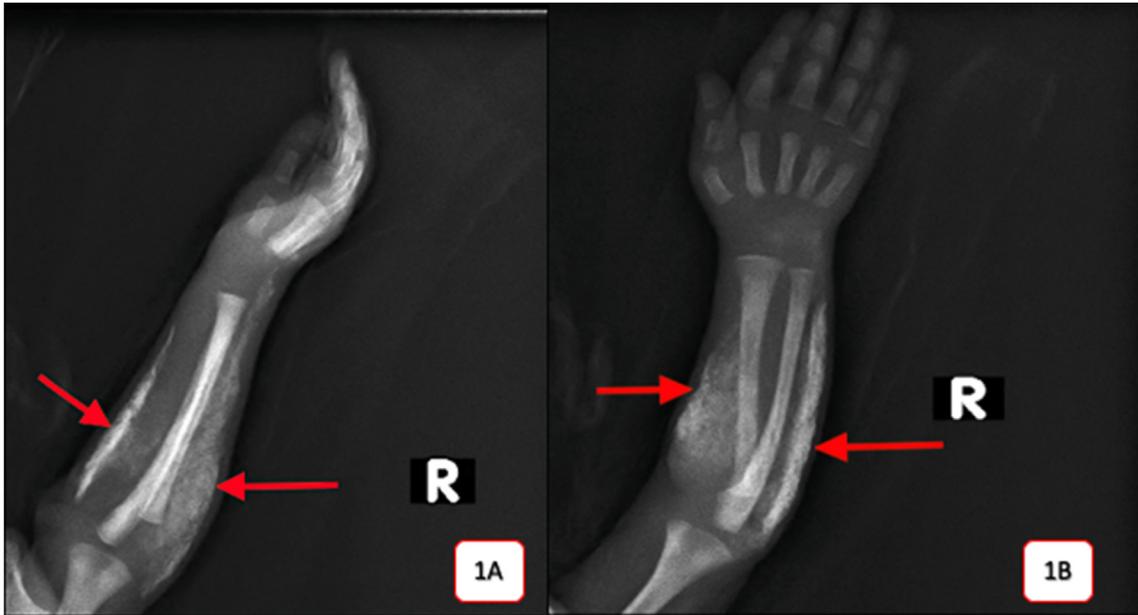
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\* Corresponding author.

E-mail address: [drdeepikaneo@gmail.com](mailto:drdeepikaneo@gmail.com) (D. Rustogi).

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**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).

### Declaration of competing interest

The authors declare no conflict of interest.

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