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IgA Vasculitis, ESRD, and Calciphylaxis: Severe Calciphylaxis case turns into Fournier's gangrene

Ruchi Jalota Sahota

Mayo Clinic, USA.

Statement of the Problem: Calciphylaxis is a devastating but rare pathology that is seen in end stage renal disease. Patients with calciphylaxis are at risk of severe painful, non-healing ulcers and associated with high morbidity and mortality rates due to sepsis. Here we present a case of penile calciphylaxis progressing into Fournier's gangrene.

60-year-old male with history of end stage renal disease due to IgA vasculitis who presented with severe septic shock in setting of Fournier's gangrene that resulted in partial penectomy. Patient was initially treated with antibiotics and was about to be started on sodium thiosulfate prior to admission. Penile calciphylaxis tends to be rare due to high vascular perfusion, but prognosis is poor.

Calciphylaxis occurs from calcification of the medial layers of arterioles and small arteries. Endothelial injury results in reduced blood flow and formation of microthrombi which can lead to narrowing and occlusion of the vessels and, ultimately, tissue ischemia and necrosis. Diagnosis is confirmed by skin biopsy, however the biopsy itself has risks of poor wound healing. Goals include to avoid hypercalcemia and optimize dialysis clearance.

Sodium thiosulfate is an off-label medication treatment given during hemodialysis for calciphylaxis which can show improvement or resolution. Sodium thiosulfate can inhibit soft tissue calcification. Side effects to monitor include metabolic acidosis and fluid overload, therefore more beneficial when given with hemodialysis. There is no curative treatment, however sodium thiosulfate, hyperbaric oxygen, and parathyroidectomy have all been discussed as management options.

Conclusion & Significance: End stage renal disease patients are at high risk for calciphylaxis which is a deadly complication of end stage renal disease. It is important to recognize the signs of calciphylaxis for early management to prevent progression to necrosis. Calciphylaxis management still requires more research regarding management to prevent severe necrosis.

Biography

Ruchi Sahota has dedicated her life to the pursuit of excellence in healthcare, with a profound passion for improving the health and wellbeing of individuals. Her academic prowess and compassion for those in need set the stage for an extraordinary career. Her focus on nephrology emerged from a fascination with renal physiology and a keen interest in understanding and treating kidney-related disorders. Driven by a desire to address the root causes of health issues, she delved into the complexities of nephrology with enthusiasm. In a bold move indicative of her commitment to holistic patient care, Dr. Sahota transitioned into the challenging field of intensive care medicine. Her decision to train as an intensivist reflected her belief in the importance of addressing critical health situations comprehensively. Her journey as a nephrologist and intensivist mirrors a commitment to lifelong learning and a dedication to improving the health and wellbeing of individuals.

sahota.ruchi@mayo.edu

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