



Calciphylaxis

DIAGNOSIS

Most patients with calciphylaxis have a long-standing history of chronic renal failure and dialysis. In general, lesions develop suddenly and progress rapidly, with one or many on the lower extremities. However, lesions may also develop on the hands and torso, particularly in areas of fat deposits, such as the abdominal wall and (in women) breasts. Patients' movement is often hindered by these ulcerated lesions, which may cause intense pain. In cases of acute illness, patients are usually hospitalized in intensive care.

Tests

Lab Studies

Blood tests measure a patient's:

- Serum blood urea nitrogen and creatinine level
- Serum calcium, phosphate, alkaline phosphatase, and albumin level
- Serum parathyroid hormone level
- Coagulation factors
- Cryoglobulin and rheumatoid factor measurements
- Hepatitis C antibody level
- Cryofibrinogen level
- Serum amylase and lipase level
- Aluminum level
- Oxalate level

Imaging Studies

Routine X-rays may reveal branchlike vascular calcifications; however, this is also common in other end-stage renal diseases. Special X-rays such as high-resolution CT scans or mammograms may be needed to more fully document this process.

Biopsy

Skin incision biopsies (as opposed to less-invasive punch biopsies) provide sufficient tissue for adequate evaluation.

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