

Calcinosis Cutis

A 21-day-old male infant presented with swelling over left upper limb for 3 days. Examination revealed a firm swelling of 3×4 cms over the proximal ventral aspect of left forearm and linear swellings over the medial aspect of left upper arm (**Fig. 1(a)**). Systemic examination and routine blood workup was normal. Ultrasound and X-ray of the swelling revealed subcutaneous calcification (**Fig. 1(b)**). This baby had asphyxia at birth, developed seizures and hypocalcemia on 2nd day of age, hence was treated with 10% calcium gluconate intravenously for 4 days and discharged with oral calcium supplementation. A diagnosis of iatrogenic calcinosis cutis was made.

Calcinosis cutis is characterized by abnormal deposits of calcium salts in the dermis and/or hypodermis due to transient elevation of the local calcium concentration after intravenous administration and local trauma. The differential diagnosis includes cellulitis, osteomyelitis, arthritis, abscess, periostitis, thrombophlebitis and myositis ossificans. Calcinosis cutis is differentiated from cellulitis and abscess by absence of signs of inflammation and characteristic roentgenographic findings. Myositis ossificans usually appears within the first decade of life as

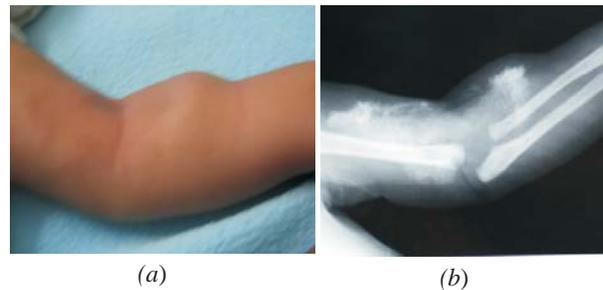


FIG. 1 (a) Showing swelling in the upper part of the left forearm, (b) X-ray limb showing subcutaneous calcification.

spontaneous or injury-induced exacerbations. The lesions are characterized by painful swellings in soft connective tissue, including tendons, ligaments, fascia, and skeletal muscle. No specific treatment is required for iatrogenic calcinosis cutis as it resolves spontaneously within three months.

AM VIJAYALAKSHMI AND S DEVAPRASATH
Department of Pediatrics,
PSG Institute of Medical Sciences and Research
Peelamedu, Coimbatore, TN, India.
narendeva@gmail.com

Multiple Discharging Sinuses with Disseminated Dactylitis

A 10-year-old male presented with fever, cough, poor oral acceptance, weight loss, and multiple painless swellings associated with serosanguineous discharge for last six weeks. He had already received multiple courses of antibiotics before presenting to us. On examination, four spindle shaped swellings with discharging sinuses were present over right index, middle and ring fingers. There were two discharging sinuses present over the dorsum of left hand and on the medial aspect of left thigh. An ulcer with discharging sinus was present over lateral aspect of left ankle (**Fig. 1**). He was severely wasted. Hands X-ray revealed multiple lytic lesions with little periosteal reaction in underlying respective phalanges and metacarpal bones. Chest X-ray showed nodular miliary shadows. The Ziehl-



FIG. 1 (a) Spindle shaped swellings with discharging sinuses over index, middle and ring fingers of right hand, (b) Discharging sinus present over the dorsum of left hand, (c) Discharging sinus present over left thigh, (d) An ulcer with discharging sinus over left ankle.